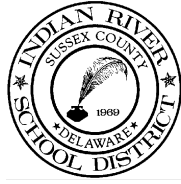


# INDIAN RIVER SCHOOL DISTRICT

“A Model of Excellence”

Jay F. Owens, Jr. Ed.D.  
Superintendent



Karen T. Blannard  
Assistant Superintendent

## HEALTH & TB CERTIFICATE

Name of Person Receiving Physical: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has been examined and is known by me to be free of any physical defects or emotional instability that would interfere with his/her success as an employee, substitute, coach, or volunteer of the Indian River School District.

Examining Doctor Signature: \_\_\_\_\_

Name of Examining Doctor: (Please Print) \_\_\_\_\_

Address of Examining Doctor: \_\_\_\_\_

\_\_\_\_\_

Phone Number of Examining Doctor: \_\_\_\_\_

Date of Physical: \_\_\_\_\_

### TB TEST RESULTS

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_

Read By: \_\_\_\_\_ Title: \_\_\_\_\_

Results: \_\_\_\_\_

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1034

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