



# Wapsie Valley Community School District



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[www.wapsievalleyschools.com](http://www.wapsievalleyschools.com)

## Employee Certificate of Health

To Whom It May Concern:

This is to certify that I have examined \_\_\_\_\_ and find him/her to be physically capable of being employed by the school for the duties of \_\_\_\_\_.

	<u>Normal</u>	<u>Abnormal Findings</u>	<u>Initials</u>
1. Appearance			
2. Eyes, Ears, Nose, Throat			
3. Neck			
4. Lymph Nodes			
5. Heart			
6. Pulse			
7. Chest & Lungs			
8. Abdomen			
9. Skin			
10. Musculoskeletal			
11. Neurological			

Comments regarding abnormal findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Examining Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**This form is to be completed and in the hands of the Superintendent of Schools no later than the first day of the contract year.**

I authorize the release of such information contained in the physical examination as may be necessary to the Superintendent of Schools for the purpose of determining my physical fitness as a school employee.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_