

PA CONFERENCE EDUCATION DEPARTMENT TEACHER CERTIFICATE OF PHYSICAL FITNESS

Physical Examination Form for: _____
Teacher's Name

In harmony with *Columbia Union Conference Education Code*, all employees – prior to beginning service and periodically thereafter – will **present a completed physical examination form signed by a licensed health practitioner showing a satisfactory health record.**

If employees discover that they have a contagious or communicable disease, they will immediately tell their local conference superintendent or senior academy principal. This form is due **before** your first day of school.

Returning employees must give date of last physical examination: _____

New employees complete and return lower half of this form with physician's signature.

Date _____

SUPERINTENDENT OF EDUCATION
Pennsylvania Conference of SDA
720 Museum Road
Reading, Pennsylvania 19611

Sir:

I have given a complete physical examination to _____
Teacher's Name
and find that his/her health is such that he/she should be able to teach in the position assigned.

SPECIAL REMARKS:

Signed _____, M.D.
(Physician)