

North Carolina Public Schools

Student Teaching/Graduate Internship Health Examination Certificate

Required of all persons upon initial employment, or separation from employment more than one school year, or deemed necessary by a local school board or superintendent. This certificate must be completed and signed by a physician licensed to practice medicine in the State of North Carolina (NCGS §115C-323). For student teaching purposes, this information may be provided by an out-of-state physician.

Name _____
 Social Security Number _____ Subject Area _____
 Address _____
 Telephone: _____

The above named individual is to be recommended for employment by _____ (local school board) in a position of student teacher/graduate intern. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

AREAS	LIMITATIONS		NATURE OF LIMITATIONS
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			
Other			

TB Test Information

Result (circle one): POSITIVE NEGATIVE

Test Date: _____
 Name of person administering TB test (please type/print) _____
 Telephone Number _____

Signature _____

By my signature I certify that the above named person does not have any communicable disease, including tuberculosis, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted above. Further I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify, please comment:

Date _____
 Physician name (please type/print) _____
 Telephone Number _____

Physician's Signature _____ M.D.