



RESULTS OF PHYSICAL EXAMINATION

TO: Human Resources Office – Personnel File

Reference: _____
Employee Name

Employee Type (Check One): ☐ Voluntary Pre-K
☐ Special Education Pre-K

This is to certify that on _____ I completed a physical examination on the above named person, and found him/her to have a health record satisfactory for:

Employment as _____
Position

School/Location _____

A copy of this examination is on file in my office.

Signed: _____ Date: _____
Health Care Provider

Typed/Printed Name: _____
Health Care Provider

You may obtain your new employee physical **free of charge** by utilizing our Onsite Healthcare Clinic.

Schedule an appointment today by calling 931-906-2001.

This physical should be completed within **10 days** of your new employee processing. Please return this form to Human Resources for processing once it has been completed.

TO BE COMPLETED BY HR STAFF

CC: Voluntary Pre-K Classified/Certified employee copy to Melinda Smith _____
Date initials

CC: Special Ed. Pre-K Classified/Certified Employee copy to Melinda Smith _____
Date initials

CC: Original in personnel file