

**PHYSICAL EXAMINATION FORM
EAST BUCHANAN COMMUNITY SCHOOL DISTRICT**

Code No. 403.1E1

New employees upon entering the system must have their examination on file with the superintendent prior to the date employment begins. Your paycheck could be delayed if this requirement is not met.

Name of Person Examined _____

The physician making this examination is requested to fill out, date and sign the following statement:

TB Skin Test _____

Remarks: _____

“I certify that I have carefully examined _____, and that the applicant
(is) (is not) found to be in good physical health, free from all communicable diseases and do consider him/her physically capable of carrying out all assigned duties as an employee of the *East Buchanan Community School District*.”

Physician's Name (printed) _____

Physician's Signature: _____

Physician's Office Phone No.: _____

Date: _____

NOTE TO PHYSICIANS OFFICE:

Upon completion of this form, please fax to:

EBCSD, Attn: Beth at 319-935-3749

Send original with patient to return to the Business Office.