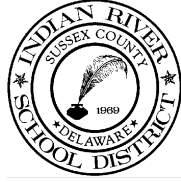


INDIAN RIVER SCHOOL DISTRICT

“A Model of Excellence”

Jay F. Owens, Jr. Ed.D.
Superintendent



Karen T. Blannard
Assistant Superintendent

HEALTH & TB CERTIFICATE

Name of Person Receiving Physical: _____

Address: _____

DOB: _____

This is to certify that _____ has been examined and is known by me to be free of any physical defects or emotional instability that would interfere with his/her success as an employee, substitute, coach, or volunteer of the Indian River School District.

Examining Doctor Signature: _____

Name of Examining Doctor: (Please Print) _____

Address of Examining Doctor: _____

Phone Number of Examining Doctor: _____

Date of Physical: _____

TB TEST RESULTS

Date Given: _____ Date Read: _____

Read By: _____ Title: _____

Results: _____

31 Hosier Street, Selbyville, Delaware 19975 • (302) 436-1000 • Fax (302) 436-1072

The Indian River School District is an Equal Opportunity Employer and does not discriminate or deny services on the basis of race, color, national origin, sex, gender, creed, religion, veteran status, sexual orientation, marital status, citizenship status, pregnancy, age, ancestry, disability, gender identity, genetic information, military status or any other characteristic protected by law.