



Macon County Board of Education

P. O. Box 488
31 Buck Creek Bypass Road
Oglethorpe, Georgia 31068

MEDICAL REPORT

(employees other than school bus drivers)

THIS FORM MUST BE COMPLETED BY YOUR PHYSICIAN

This is to certify that the employee named below:

Last

First

Middle

is physically able at this time to perform the duties set forth in the contract with the Macon County Board of Education.

Name of Facility: _____

Address: _____

Phone: _____

Signature of Examining Physician

Date

Position Held by Employee: _____

Location: _____