## CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

## Stockton Unified School District; County Office

NAME:			
Last	First		Middle
ADDRESS:			
Street	City		Zip Code
Social Security #:			
District or County Superintendent of Schools Office to determ or associate with children should be evaluated on the basis of Disabling disease should be considered in terms of; (emotional capacity for the functions involved. (2) Evidence of the control of arthritis, uncontrolled diabetes, asthma. (3) Evidence example, malignancy, multiple sclerosis.	nine freed the funct (1) Evide of disabilitience of lo	lom from ions whence of la ty, which ng term	ack of ability to demonstrate average physical and ch periodically may disable the individual, for example, a disability, which may progressively deteriorate; for
CHECK EVERY ITEM	YES	NO	DETAILS
Is there evidence of disabling disease of the musculo- skeletal, cardio-vascular, nervous, gastro-intestinal, genito- urinary, endocrine systems?			(relate to functions to be performed)
Is there evidence of disabling disease affecting vision, hearing or speech?			
Is there evidence of disabling metabolic disease?			
Is there evidence of infectious disease in a communicable stage?			8
Is there evidence of drug dependency including alcoholism?			
Is there evidence of any other disabling disease?			
On the basis of my medical examination on, the above named individual is free from disabling disease,  Date  except as noted above, which I believe the applicant is unfit to instruct or associate with children.			
Signature of Physician	F.		Date
Print Name of Physician			License Number
This form is to be returned by the examining Physician directl (or county office requesting the examination)	y to:	Humar 56 S·L	on Unified School District n Resources incoln Street on, CA 95203