

**HEALTH EXAMINATION CERTIFICATE
NORTH CAROLINA PUBLIC SCHOOLS
CARTERET COUNTY PUBLIC SCHOOL SYSTEM**

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent (Ref. NCGS 115C-323).

Name _____ Social Security # _____
Address _____

The above named individual is to be recommended for employment by Carteret County Public School System in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

- a. By my signature I certify that the above named person does not have any communicable disease, including tuberculosis that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current		Any Immunization Recommendations
	YES	NO	
TB TEST			

Date _____

Physician, Physician's Assistant, or Nurse Practitioner (Type or Print)

License/Registration #: _____ State* Granting License/Registration _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.