

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

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PACIFIC GROVE UNIFIED SCHOOL DISTRICT  
435 HILLCREST AVE, PACIFIC GROVE, CA 93950

Name:	Last	First	Middle
Address:	Street	City	Zip Code

To the Physician:

The medical examination required of a person employed in a certificated position for the first time in a California School District or County Superintendent of Schools Office to determine freedom from any disabling disease unfitting the person to instruct or associate with children should be evaluated on the basis of the functions which will be required of the applicant upon employment.

Disabling disease should be considered in terms of: (1) Evidence of lack of ability to demonstrate average physical and emotional capacity for the functions involved. (2) Evidence of disability which periodically may disable the individual; for example, rheumatoid arthritis, uncontrolled diabetes, asthma. (3) Evidence of long term disability which may progressively deteriorate; for example: malignancy, Multiple Sclerosis.

Check Every Item	YES	NO	Details (Relate to functions to be performed)
Is there evidence of disabling disease of the musculoskeletal, cardio-vascular, nervous, gastro-intestinal, genitor-urinary, endocrine systems?			
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?			
Is there evidence of drug dependency including alcoholism?			
Is there evidence of any other disabling disease?			

On the basis of my medical examination, (date) \_\_\_\_\_, the above named individual is free from disabling disease, except as noted above, which I believe unfits the individual to instruct, in the position for which application is being made, or to associate with children.

Signature of Physician	Date
Name of Physician (print)	License #