

**SOUTHWEST REGION SCHOOL DISTRICT
PHYSICAL EXAMINATION**

STATEMENT OF EXAMINING PHYSICIAN

To: Superintendent, Southwest Region School District

_____ was examined by me on
_____, 20___. This examination included a review of
the patient's past medical history and a thorough physical examination. A copy of the
medical history and examination findings will be maintained in my patient record files.
This may be reviewed by you or your authorized representative upon written request.

Check applicable statements:

_____ **The employee was found to be physically fit for his/her proposed duties**

_____ **The employee was found to be unfit for the following reasons:**

Physician's Signature

Physicians Name (Typed or Printed)

Mailing address (Street or Post Office Box)

City, State, Zip Code

**Return this completed form to:
Southwest Region School District
Personnel Officer
P.O. Box 90
Dillingham, AK 99576**