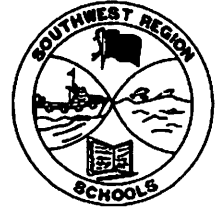




# Physical Examination Form

## Southwest Region School District



### 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 will be maintained in my patient record files. These may be reviewed by you or your authorized representative upon written request.

Check applicable statement(s) regardless of proposed duties:

- The employee is able to lift at least 50 pounds.
- The employee is able to stand for hours at a time.
- The employee is able to work out doors in a variety of temperatures and climatic conditions.

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

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

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
Physician's Name (Type or Print)