



# SEMINOLE COUNTY PUBLIC SCHOOLS

## Department of Human Resources

400 East Lake Mary Boulevard

Sanford, FL 32773-7127

320-0000, FAX 320-0284, TDD 320-0290, Internet <http://www.scps.k12.fl.us>

### Health Certificate

PLEASE PRINT YOUR FULL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Full Legal Name

Last

First

Middle

Social Security Number

/ /

Cost Center

Number

Name

Home Address

Home Phone

Work Phone

**THIS HEALTH EXAMINATION MUST HAVE BEEN COMPLETED WITHIN THE LAST YEAR.**

This is to certify that on the date indicated, I, a licensed medical physician, a licensed physician assistant, or a licensed advanced nurse practitioner, examined the individual below

Full Legal Name

and found him/her to be free from any active communicable or mental diseases and from any physical illness which would impair or prevent the performance of duties, functions, or responsibilities in his/her position.

Licensed Physician, Physician Assistant or Advanced Nurse Practitioner

**SIGNATURE (RUBBER STAMP IS NOT ACCEPTABLE)**

Date of Physical Examination

Name of Licensed Physician, Physician Assistant or Advanced Nurse Practitioner (PLEASE PRINT)

Address / City / State / ZIP Code