

**PHYSICIAN'S CERTIFICATE
FOR HAMBLÉN COUNTY BOARD OF EDUCATION EMPLOYEE**

I, _____, hereby certify that I am
Physician's Name

a licensed physician in _____ County, State of Tennessee, and that
County

on _____ I examined _____
Date Hamblen County Board of Education Employee

and found him / her to be free of any physical ailment, disease, or defect that would disqualify him / her as an employee of the Hamblen County school system.

Signature of Examining Physician

Printed or stamped name of physician and office address:

NOTE: A tuberculosis x-ray, skin test, or evaluation (screening) is required.

Test Result: _____

Signature of Health Professional

Date