

**PHYSICIAN'S CERTIFICATE  
FOR HAMBLEN COUNTY BOARD OF EDUCATION PRE-K 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. The employee mentioned above appears to be physically, mentally, and emotionally capable of using the appropriate judgment for the care of children and otherwise performing his / her duties satisfactorily.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Examining Physician*

Printed or stamped name of physician and office address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be submitted annually to the Human Resources Department and to the Voluntary Pre-K Director.**