

Surry County Public Schools

45 School Street/P.O. Box 317
Surry, VA 23883
Office: (757) 294-5229 * Fax: (757) 294-5263

PHYSICIAN'S CERTIFICATE – PUBLIC SCHOOL EMPLOYEE PHYSICAL EXAMINATION

NAME: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____

On basis of a **physical examination**, I hereby certify that the above name individual is found to be physically fit for employment in the Surry County School System.

SIGNED _____, MD

ADDRESS _____

DATE _____ TELEPHONE _____

I am a licensed physician in _____ (state or district) United States

This form is suggested for use under provisions of the Code of Virginia, as amended.

Office of the Superintendent