

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

NAME: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____

On basis of tine test, chest x-ray, examination, and/or assessment, I hereby certify that the above name individual is believed to be free of communicable tuberculosis on this date.

SIGNED _____, MD

ADDRESS _____

DATE _____ TELEPHONE _____

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

Code of Virginia, Section 22.1-300, requires a physician's certificate or x-ray as a condition of employment and requisite continuation thereafter for every public school employee showing the employee to be free of communicable tuberculosis.

Office of the Superintendent