

PHYSICAL EXAMINATION REPORT

EDUCATIONAL PERSONNEL

Southeastern California Conference of SDA
P O Box 8050, Riverside, CA 92515
(951) 509-2307 or FAX (951) 509-2392

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

PHYSICAL EXAMINATION

After examining this person, would you say that he/she is physically fit to work with school-age children and youth?

Yes _____ No _____

TUBERCULIN TEST

Mantoux Skin Test:

Date: _____

Positive _____ Negative _____

or

Chest X-Ray:

Date: _____

Positive _____ Negative _____

Physician's Name: _____ Date: _____
(Please Type or Print Name)

Address: _____ Phone: _____

Physician's Signature: _____

Completion of this form meets the State of California requirement for a test for tuberculosis and the Pacific Union Conference requirement for a physical examination. **Please return the completed form to:**

Office of Education, P O Box 8050, Riverside, CA 92515