

# PHYSICAL EXAMINATION REPORT

## EDUCATIONAL PERSONNEL

Southeastern California Conference of SDA  
P O Box 79990, Riverside, CA 92513  
(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 \_\_\_\_\_

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:**

**Kathi Christenson, Secretary**  
**Southeastern California Conference**  
**Office of Education, P O Box 79990, Riverside, CA 92513**