

PHYSICAL EXAMINATION REPORT

EDUCATIONAL PERSONNEL
Southeastern California Conference of SDA
P O Box 79990, Riverside, CA 92513
(951) 509-2307 or FAX (951s) 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 Pacific Union Conference requirement for a physical examination. Please return the completed form to:

Office of Education, P O Box 79990, Riverside, CA 92513