



To: Nome Public Schools

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PO Box 131  
Nome, AK 99762

Name of Employee

## **DOCTORS CERTIFICATION**

I have examined the employee and:

- Declare the employee physically and mentally fit for employment
- Declare the employee unfit for employment on the basis of a physical and/or a mental deficiency.

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Date of Examination

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Physicians Signature

### **BP 4112.4/4212.4/4312.4 HEALTH EXAMINATIONS**

The Superintendent or designee shall ensure that all regularly employed personnel undergo a health examination as required by law upon initial employment and every three years thereafter.

In addition, the Superintendent or designee may require applicants for employment in classified positions to undergo a pre-employment physical examination to show that they are physically able to perform the duties of specific jobs.

Employees may be required to pass a physical and/or psychological examination any time such an examination appears necessary to preserve the health and welfare of district students and employees, or to furnish medical proof of physical or mental ability to perform satisfactorily the assigned duties of an individual's position.

**Make in Duplicate**

1 Copy for School District

1 Copy for Doctor's File