

Hampton School District Policy

Section: G  
Code: GBGA-F  
Title: Medical Exam of School  
Employees - Form  
Category: R (Recommended)  
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**MEDICAL EXAMINATION OF SCHOOL EMPLOYEES FORM**

This is to certify that I have examined \_\_\_\_\_

and find (him or her) free of communicable disease and any physical or mental disabilities that might interfere with performing (his or her) duties, except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature M.D.

**DATE:**  
**Adopted:** November 9, 2010  
**Reviewed:** Sept. 2010  
**Revised:** November 8, 2005  
**Cancellation:** Replaces GBGA-E