

Aleutians East Borough School District

P.O. Box 429

SAND POINT, AK 99661-0429

PHONE 907.383.5222 • FAX 907.383.3496

PHYSICAL EXAMINATION RECORD

Name _____ Date _____

School/Site _____ Position _____

Duties _____

Instructions to Medical Professional

A physical examination is required to minimize potential exposure to communicable diseases by students and staff and to insure the employee's fitness for his/her assigned duties.

A careful review of past history and complete physical examination should be performed.

Payment for the examination and laboratory tests is the responsibility of the individual examined.

_____ The employee has been found to be physically fit to perform the duties of the job (position) listed above and does not appear to have been exposed to any communicable diseases.

_____ The employee has been found to be unfit for the following reason(s):

EXAMINATION DATE _____

Medical Professional's signature

Address

Type or print Medical Professional's name

City, State, Zip Code

Forward completed form to:

AEBSD

Attn: Personnel

PO Box 429

Sand Point, AK 99661-0429

FAX (907) 383-3496