SOUTH WINNESHIEK COMMUNITY SCHOOL DISTRICT

304 S. Webster Street * PO Box 430 * Calmar, Iowa 52132-0430

Employee Medical Examination Report

Employee Name: _____

The medical examination required by the Board of Education has been made by me or under my supervision and the following conclusions are:

_____ In my opinion this individual has no physical, emotional or mental disability, is free from tuberculosis and other communicable diseases, and has no other defect which might threaten or endanger the well-being of co-workers or pupils.

_____ In my opinion this individual is physically and emotionally able at this time to perform the work assigned, but has the following disabilities or limitations. (Please indicate whether they are correctable and whether treatment is being received.)

_____

_____

_____

I would recommend modification of work program as follows:

_____ On the basis of my examination, I feel this individual is not presently capable of performing the work assignment for the following reason (s).

_____

_____

_____

Physician Signature: _____ Date: _____

Address:

_____

_____

_____