

BURBANK UNIFIED SCHOOL DISTRICT

CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

Name:
Address:
To the Physician: The medical examination required of a person employed in a certificated position for the first time in a California School District or County Superintendent of Schools Office to determine freedom from any disabling disease unfitting the person to instruct or associate with children shoson .a: 72 6.sc.5 TEMC ET66.06 556s02 0.48 11.52yr

On the basis of my medical examination on (date) _____ the above named individual is free from disabling disease, except as noted above, which I believe unfits the individual to instruct, in the position for which application is being made, or to associate with children.

Human Resources Services
Burbank Unified School District
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