

# North Carolina Public Schools Health Examination Certificate

## Henderson County Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

The above-named individual is to be recommended for employment by Henderson County Board of Education, in the position of: \_\_\_\_\_. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

### I. Communicable Disease

By my signature, I certify that the **above-named person does not have any communicable disease, including Tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

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

### II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (Continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			
<b>APPROPRIATE IMMUNIZATIONS</b>	<b>Up-to-Date per **ACIP?</b>		<b>Dates of Administration (or illness, if applicable to prove immunity may provide copy of immunization record for date verification)</b>
	<b>YES</b>	<b>NO</b>	
<b>Tdap</b> (Tetanus, Diphtheria, Pertussis)			
<b>MMR</b> (Measles, Mumps, Rubella)			
<b>Varicella</b> (Chickenpox)			
<b>Hepatitis B</b> (if applicable example for Custodians/Maint Staff)			

Date: \_\_\_\_\_ Immunization recommendations: \_\_\_\_\_

Name of (PRINTED) Physician, Physician Assistant or Nurse Practitioner: \_\_\_\_\_

Signature of Physician, Physician Assistant or Nurse Practitioner: \_\_\_\_\_

License/Registration #: \_\_\_\_\_ State \*Granting License/Registration: \_\_\_\_\_

\*For initial employment of an out-of-state applicant, the certificate may be completed by a health care provider with an out-of-state unrestricted, current license or registration. \*\*ACIP is the CDC Advisory Committee on Immunizations

**Note from the Henderson County Health Department: They can ONLY assist with providing immunizations.**