

Employee Name _____
(Type or Print)

Social Security No. _____
School District _____

CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE

(For use in the Employment of Retired Teachers-Education Code section 44839.5 & 87408.5)

I hereby certify that:

- (1) I am licensed to practices as a physician and surgeon in California.
- (2) On the date shown herein below I examined _____
(Name)

Who gave _____ as his (her) address. On that date I found him (her) to be free from any contagious or infectious disease including freedom from active tuberculosis.

Date _____ [Signature of Physician] _____

Name of physician (type or print) _____ State License No. _____

The following authorization signed by the person examined shall be set forth below the certificate:

AUTHORIZATION

Dr. _____:

You are hereby authorized to give to the State Board of Education, any county superintendent of schools, the governing board of a school district to which the undersigned has applied for employment, and representatives of any of them, any and all information you may have regarding my physical or mental condition, including but not being limited to the history, findings, diagnosis, treatment given, present condition, and prognosis.

Date _____ [Signature of Person Examined] _____
Address _____

Notice: This form may be reproduced by school districts and offices of county superintendents of schools.