

The Wake County Public School System requires a current health examination certificate and TB test (results noted on the health certificate) within the past 6 months.

HEALTH EXAMINATION CERTIFICATE/Student Teacher

North Carolina Public 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: _____ Curriculum/Subject Area: _____

Address: _____

Telephone: _____

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, COVID-19, or any other communicable disease**, 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			

Appropriate Immunizations	Current?		Any Immunization Recommendations (*Note date given/read on the TB test)
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			
TB Skin/PPD/Mantoux			

Date: _____

Physician, Physician’s Assistant or Nurse Practitioner (Type or Print)

SIGNATURE: _____

State*Granting License/Registration: _____ 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.