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

## HEALTH EXAMINATION CERTIFICATE/Student Teacher North Carolina Public Schools

	's because of	a communicabl	ration from employment more than one school year, absence of more le disease, or when deemed necessary by a local school board or	
Name:	Jame:Curriculum/Subject Area:			
Address:				
Telephone:				
In this position, the cond and report any limitation			cities will be of importance. Please examine the areas listed below crictions.	
I. Communicable	Disease			
COVID-19, or any oth impair this person's abil	ner communio ity to perform r mental disab	the duties of the ility that would	hat poses a significant risk of transmission in our schools or would be job, except as may be noted below. Further, I certify that this person impair job performance.	
II. Other Health An	reas			
AREAS	LIMITAT YES	TIONS NO	NATURE OF LIMITATIONS (continue on back as needed)	
Vision				
Hearing				
Heart				
Lungs				
Lifting/Carrying				
Appropriate	Current?		Any Immunization Recommendations	
Immunizations Td (tetanus), Hep B,	YES	NO	(*Note date given/read on the TB test)	
MMR, etc.				
TB Skin/PPD/Mantoux				
Date:				
<del>.</del>		Physician, Pl	hysician's Assistant or Nurse Practitioner (Type or Print)	
	SIGNA	TURE:		
State*Granting License/Registration:			License/Registration #:	
*F:-::::-11	C C -4-4-	1: 41	4:5:	

<sup>\*</sup>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.