



**MCMINN COUNTY SCHOOLS**  
 3 South Hill Street ▪ Athens, TN 37303  
 Ph: (423) 745•1612 Fax: (423) 744•1641

Director of Schools ▪ Mickey Blevins

**PHYSICIAN’S CERTIFICATE**

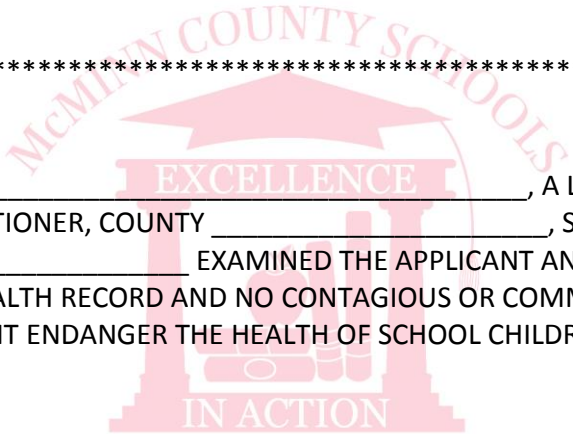
EMPLOYEE NAME \_\_\_\_\_

LOCATION ASSIGNED \_\_\_\_\_

POSITION ASSIGNED \_\_\_\_\_

\*\*\*\*\*

THIS IS TO CERTIFY THAT I, \_\_\_\_\_, A LICENSED  
 PHYSICIAN/NURSE PRACTITIONER, COUNTY \_\_\_\_\_, STATE OF TENNESSEE,  
 HAVE THIS DATE \_\_\_\_\_ EXAMINED THE APPLICANT AND FOUND HIM/HER  
 WITH A SATISFACTORY HEALTH RECORD AND NO CONTAGIOUS OR COMMUNICABLE DISEASE  
 IN SUCH FORM THAT MIGHT ENDANGER THE HEALTH OF SCHOOL CHILDREN.



*TCA 49-5-404;TRR/MS 0520-1-3-.08 (2)(f)*

\_\_\_\_\_  
 SIGNATURE OF LICENSED PHYSICIAN/PRACTITIONER

\_\_\_\_\_  
 Name of Practice or Associate Group

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Office Phone Number