



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

Director of Schools ▪ Mickey Blevins

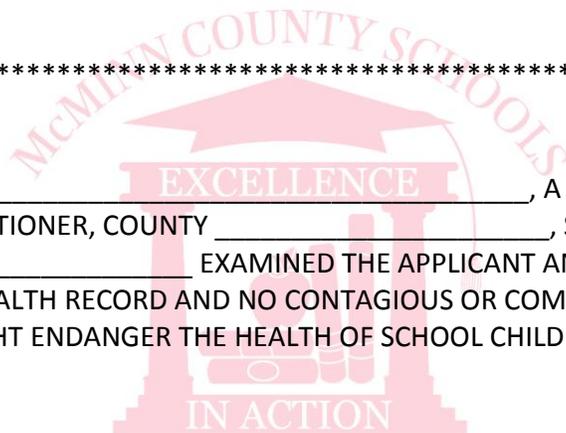
PHYSICIAN'S CERTIFICATE

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