

**Manchester City Schools
Medical Certification Form**

Name: _____ **Date:** _____

Tennessee Code Annotated 49-5-404 states in part:

"No person shall teach in any school who has any contagious or communicable disease in such form as might endanger the health of school children, and any teacher must submit to a physical examination by competent physicians, when so required by the local board of education.

Yes ____ No ____ The employee is in good health.

Yes ____ No ____ The employee is at low risk for tuberculosis.

Yes ____ No ____ The employee has no communicable disease which would impact the health and safety of students.

If any answer is "No", the employee will be required to submit a full physical examination including tuberculin skin test or x-ray.

Signature of Physician or Nurse Practitioner

Date

