

BURBANK UNIFIED SCHOOL DISTRICT

CERTIFICATE OF MEDICAL EXAMINATION OF APPLICANTS FOR FIRST EMPLOYMENT IN A CALIFORNIA SCHOOL DISTRICT OR COUNTY SUPERINTENDENT OF SCHOOLS OFFICE

Name:	
Address:	
<p>To the Physician: The medical examination required of a person employed in a certificated position for the first time in a California School District or County Superintendent of Schools Office to determine freedom from any disabling disease unfitting the person to instruct or associate with children should be evaluated on the basis of the function which will be required of the applicant upon employment. A brief description of functions is attached to this form.</p> <p>A Disabling disease should be considered in terms of: (1) Evidence of lack of ability to demonstrate average physical and emotional capacity for the functions involved. (2) Evidence of disability which periodically may disable the individual; for example, rheumatoid arthritis, uncontrolled diabetes, asthma. (3) Evidence of long term disability which may progressively deteriorate; for example, malignancy, Multiple Sclerosis.</p>	
Check Every Item YES OR NO (Related to functions to be performed)	
1. Is there evidence of disabling disease of the musculo-skeletal, cardiovascular, nervous, gastrointestinal, genitor-urinary, endocrine systems? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
2. Is there evidence of disabling disease affecting vision, hearing or speech? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
3. Is there evidence of disabling metabolic disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
4. Is there evidence of infectious disease in a communicable stage? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
5. Is there evidence of drug dependency including alcoholism? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
6. Is there evidence of any other disabling disease? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain:	
<p>On the basis of my medical examination on (date) _____ the above named individual is free from disabling disease, except as noted above, which I believe unfits the individual to instruct, in the position for which application is being made, or to associate with children.</p>	
Signature of Physician:	Date:
Name of Physician (print/type):	License #:
<p>TO THE EXAMINING PHYSICIAN Please return this form to: Human Resources Services Burbank Unified School District 1900 W. Olive Ave., Burbank, CA 91506 Phone (818) 729 -4400 Fax (818) 729-4554</p>	
Ed. Code 44839	