



Report of Health Examination

(For School Board Employment)

Rutherford County Board of Education

2240 Southpark Dr.

Murfreesboro, TN 37128

(615) 893-5812

Name: _____ Male Female DOB: _____

Home Address: _____

Physical Fitness Information:

(Healthcare Provider please answer each question)

- To the best of my knowledge, this candidate is free from communicable disease? Yes No
- Is the candidate able to fulfill requirements of job duties; bending, stooping, lifting up to 50lbs, running, climbing, or prolonged standing? Yes No

TB Skin Test Information:

Location of Test Placement R L Forearm

Date Given: _____

Lot#: _____

Expiration Date: _____

Administered by: _____

Date Read: _____

Results: Negative Positive *Size of Induration: _____ mm

Chest X-Ray Results (if applicable): _____

Read By: _____

I certify that the individual named above is physically capable, to the best of my knowledge, to perform required job duties.

Healthcare Provider's Signature

Date