

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12224

PHYSICAL FITNESS CERTIFICATION

.....
(name of school) (address)
.....
(name of applicant) (address)
.....
(date of birth) (sex)

INSTRUCTIONS: Complete part A unless certificate is limited — in which case complete part B.

A. I hereby certify that I have examined the above named applicant and find he is physically qualified for lawful employment.

.....
(date) (signature of physician and address)

B. I hereby certify that I have examined the above named applicant and find he has a disability that requires limited employment.

- (1) Disability —
- (2) Occupation —
- (3) Employer —

.....
(date) (signature of physician and address)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.