

**DIOCESE OF DAVENPORT
SCHOOLS OFFICE**

**School Employees
Certification of Fitness to Perform Assigned Tasks Plus Tuberculosis Check Form**

Part I: Personnel Physical Examination Requirements

Each school employee must comply with Iowa Administrative Code 12.4(14) for accredited schools which states, "Except as otherwise provided in 281 – 43.15(285), the local board shall require each employee to file with it (in administrative office), certification of fitness to perform the tasks assigned which shall be in the form of a written report of a physical examination, including a check for tuberculosis, by a licensed physician and surgeon, osteopathic physician and surgeon, qualified doctor of chiropractic, licensed physician assistant, or advanced registered nurse practitioner."

"A report shall be filed at the beginning of service and at three year intervals."

Part II: To be completed by Employee (Please Print)

Name _____ / ____ / ____
Last First M.I. Age Date of Birth

_____ / _____ / _____
Marital Status Name of Spouse Home Address City Zip Code Phone Number

Assignment: (check the category(ies) that apply)

_____ Administrator _____ Teacher _____ Secretary _____ Custodian _____ Food Service _____ Bus Driver _____ Coach _____ Other

Part III: EMERGENCY – PERSON(S) TO NOTIFY IN CASE OF EMERGENCY (To be completed by employee)

1. _____ / _____
Name Relationship Home Phone/Work Phone Address

2. _____ / _____
Name Relationship Home Phone/Work Phone Address

3. _____ / _____
Name Relationship Home Phone/Work Phone Address

Part IV: Medical Certification

I certify that I have conducted a physical examination for the above named person and find that said person is fit to perform the normal and usual tasks associated with the assignment listed.

I have conducted a tuberculosis test and found the results to be _____ .

Name and Title of Person Conducting Exam Address & Phone Number Date of Exam