

Health Examination Certificate is required of all teacher candidates prior to being assigned an internship placement. (Ref. NCGS 115C-323)

Name:	Student ID#:
Program Area/Major:	Semester:

The above named individual is applying for teacher candidacy internship through Western Carolina University. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

Areas	Limitations		Nature of Limitations <i>(continue on back as needed)</i>
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			
Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Tetanus - Td/Tdap			
MMR			
Hepatitis B			

Physician, Physician's Assistant, or Nurse Practitioner Information		
TYPE OR PRINT NAME:		Date: ____/____/____
SIGNATURE:		
License/Registration #:		State* Granting License/Registration:
*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.		

Make sure you retain a copy of this form. You may be asked to submit a hard copy to your host school and/or the district office.