

***CERTIFICATION OF FREEDOM FROM ANY DISABLING DISEASE
(FOR USE IN THE EMPLOYMENT OF RETIRED TEACHERS - EDUCATION CODE SECTION 44839.5)***

I hereby certify that:

- (1) I am licensed to practice as a physician and surgeon in California.
- (2) On the date shown herein, I examined _____ (Name)
who gave _____ as his/her date of birth and _____ (Address)
(Date of Birth)
_____ as his/her address. On that date, I found
him/her to be free from any disabling disease unfitting him/her to instruct or associate with
children including freedom from active tuberculosis.

Date: _____ Signature of physician: _____

Name of physician (type or print): _____

Business address of physician: _____

State license number: _____

The following authorization signed by the person examined shall be set forth below the certificate:

AUTHORIZATION

Dr. _____:

You are hereby authorized to give to the State Board of Education, any county superintendent of schools, the governing board of a school district to which the undersigned has applied for employment, and representatives of any of them, any and all information you may have regarding my physical or mental condition, including but not being limited to the history, findings, diagnosis, treatment given, present condition, and prognosis.

Date: _____ Signature of person examined: _____

Address: _____

Social Security No.: _____

The examination is a condition of employment, and the expense shall be borne by the applicant. This certificate must be on file in the Office of the Kern County Superintendent of Schools and is good for four years from the date shown, or at the discretion of the school district.