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Monticello Community School District

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Monticello, Iowa 52310

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Dr. Brian Jaeger, Superintendent

Substitute Employee Physical Examination Report

Part I (Employee Complete: Type or Print)

A. Employee Name _____

B. Employee Address _____

C. Birth date _____

D. Positions Held	_____ Sub Associate	_____ Sub Custodian
	_____ Sub_Secretary	_____ Sub Cook
	_____ Sub Teacher	_____ Sub Nurse
	_____ Other	

E. Physician's Name _____

Complete Address _____

Phone Number _____

Part II (Physician to Complete)

A physical examination has been completed on _____

Employee's Name

and _____ has been found to be free of communicable disease.

he/she

No restrictions or limitations have been found that would prevent this employee from fulfilling the position of _____.

Position

Physician's Name (*printed*) _____

Physician's Signature _____ Date _____