



Providing rigorous,
authentic, personalized
learning, utilizing the local
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Monticello Community School District

711 South Maple Street

Monticello, Iowa 52310

www.monticello.k12.ia.us

Phone: (319) 465-5963 Fax: (319) 465-4092

Dr. Brian Jaeger, Superintendent

Employee Physical Examination Report

Part I (*Employee Complete: Type or Print*)

A. Employee Name _____

B. Employee Address _____

C. Birth date _____

D. Position Held	_____ Superintendent	_____ Associate	_____ Custodian
	_____ Principal	_____ Secretary	_____ Cook
	_____ Teacher	_____ Nurse	_____ Other

E. Physician's Name _____

Complete Address _____

Phone Number _____

Note: If your insurance does not cover the cost of the physical, the Monticello School District shall pay up to \$35 for staff. Please attach the bill for reimbursement & return to the District Office at: 711 S Maple St Monticello, Iowa 52310

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 _____