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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 \_\_\_\_\_