

## Monticello Community School District 850 E Oak Street

Monticello, lowa 52310 www.monticello.k12.ia.us Phone: (319) 465-3000 Fax: (319) 465-4092

Phone: (319) 465-3000 Fax: (319) 465-409.

Dr. Brian Jaeger, Superintendent

## **Employee Physical Examination Report**

Part I (Employee Complete:	Type or Print)		
A. Employee Name			
B. Employee Address			
C. Birth date			
·	Superintendent Principal Teacher	AssociateSecretaryNurse	CustodianCookOther
E. Physician's Name			
Complete Address			_
			<del>-</del>
			_
Phone Number			<u> </u>
<b>Note:</b> If your insurance does a shall pay up to \$35 for staff. Office at: 850 E Oak Street, N	Please attach the bi	ll for reimbursement & r	
Part II (Physician to Comple	ete)		
A physical examination has b	een completed on		
		Employee's	Name
and has be he/she	en found to be free o	of communicable disease	e.
No restrictions or limitations the position of			ployee from fulfilling
	Position		
Physician's Name (printed)			
Physician's Signature		Date	