

School Administrative Unit 28

Pelham School District

Windham School District

19 Haverhill Road • PO Box 510 • Windham, NH 03087
(603) 425-1976 • FAX 425-1719

MEDICAL EXAMINATION VERIFICATION

NAME: _____ D.O.B.: _____

ADDRESS: _____

JOB POSITION: _____

I certify that I have examined _____, on _____
(Employee's Name) (Date)

and found the employee to be of sound mental and physical health, free from disease or physical defect which may interfere with the employee's performance of the essential functions of his/her job as required by RSA 200:36.

(Physician's Signature)

(Physician's Name – Print)

(Street)

(City) (State) (Zip Code)

(Telephone)