

Date processed (For HR use only): _____

**West Des Moines Community School District
PHYSICAL EXAMINATION**

Position _____

I hereby certify that I have examined _____

on _____ (date) and find that he/she _____ is, _____ is not,
fully qualified in health to perform the assigned duties of the position listed above.

Additional remarks: _____

Signature of examining Physician, Chiropractor, Licensed Physician
Assistant or Advanced Registered Nurse Practitioner

Address

Print or type name

City, State, Zip

Return to: Office of Human Resources, West Des Moines Community School District, 3550 Mills Civic Parkway, West Des Moines, IA 50265.