

Please return to:

Craig City School District
Attn: Personnel
P.O. Box 800
Craig, AK 99921

Name of Applicant _____

DOCTOR'S CERTIFICATION

I have examined the applicant and:

____ Declare applicant physically and mentally ready for employment.

____ Declare applicant unfit for employment on the basis of a physical and/or mental deficiency.

____ Recommend the applicant have a follow-up examination as indicated:

____ Recommend the following procedures before approval can be given:

Doctor's Signature

Date of Examination