



NO. 405.1
Exhibit A

**BURLINGTON COMMUNITY SCHOOL DISTRICT
EMPLOYEE PHYSICAL FORM**

1429 West Avenue
Burlington, IA 52601

Name of Person Examined: _____

Address: _____

Social Security Number: _____

Position: _____

Building: _____

I certify that he/she is, is not, fully qualified in health to perform the assigned duties of the position listed above.

Additional remarks: _____

Print Name of Examining Physician, _____
Chiropractor, Licensed _____
Physician Assistant or _____
Advanced Registered Nurse _____
Practitioner _____

(Address)

(Signature of Examining Physician,
Chiropractor, Licensed Physician
Assistant, or Advanced Registered
Nurse Practitioner)

(Date of Examination)

Return to: Burlington Community School District
Attn: Human Resources
1429 West Avenue
Burlington, IA 52601

Note: Bus drivers must submit Form TR-F-6-497B in lieu of this form.

Approved: _____

Reviewed: 04/25/16
11/12/18
08/07/23

Revised: 1/9/2006