Health Certification Statement

In compliance with Tennessee Code Annotated 49-5-404, Hamilton County Department of Education shall not allow any person who has any contagious or communicable disease in such form as might endanger the health of school children to teach in any school. Any employee must submit to a physical examination by competent physicians, when so required by the local board of education.

In compliance with School Administered Child Care Rules, Chapter 0520-12-1, all staff members shall have on file written evidence of a physical examination and a statement that their general physical and mental condition will permit them to direct and actively participate in the activities of a group of young children with reasonable accommodation, if necessary. The form or statement shall have the signature or stamp of a licensed physician, a certified nurse practitioner, or a certified physician’s assistant.

An updated statement of each staff member’s physical health may be obtained every third year or more often if deemed necessary by the Department. A statement of mental or emotional health shall be obtained from a psychiatrist or clinical psychologist when deemed necessary by the Department.

As a licensed physician, certified nurse practitioner, or certified physician’s assistant, my signature verifies that the employee named below meets the requirements for employment as outlined above by Tennessee State Law.

__________________________________________________________
Employee Name

__________________________________________________________
Physician Signature

__________________________________________________________
Date

Physician Name: ________________________________

Office & Location: ________________________________  ________________________________

HCDE fax number: 423-498-6687

__________________________________________________________
Employee Work Location

__________________________________________________________
Employee Position