Employee Name	
Social Security No.	
School District	Cardiff, Del Mar Union, Encinitas Union, Rancho Santa Fe, Solana Beach School District

CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE

(For use in the Employment of Retired Teachers) - Education Code Section 44839.5 & 87408.5)

Signature of Physician State License Number AUTHORIZATION	nerby certify	that:	
who gaveas his (her) date of birth andas his (her) address. On this date I found him/her) to be free from any contagious or infectious disease including freedom from active tuberculosis. ste:	(1)	I am licensed to practice as a physician an	d surgeon in California.
who gave as his (her) date of birth and as his (her) address. On this date I found him/her) to be free from any contagious or infectious disease including freedom from active tuberculosis. te:	(2)	On the date shown herein below I examine	ed
be free from any contagious or infectious disease including freedom from active tuberculosis. tte: Signature of Physician State License Number AUTHORIZATION e following authorization signed by the person examined shall be set forth below the certificate: Dr. You are herby authorized to give the State Board of Education, any county superintendent of schools, the governity board of a school district to which the undersigned has applied for employment, and representatives of any of them any and all information you may have regarding my physical or mental condition, including but not limited to the		who gave as his (her	r) date of birth and
tuberculosis. te:		as his	s (her) address. On this date I found him/her) to
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any and all information you may have regarding my physical or mental condition, including but not limited to the	You	are herby authorized to give the State Board of Educ	cation, any county superintendent of schools, the governing
history, findings, diagnosis, treatment given, present condition, and prognosis.	-		
	histor	ry, findings, diagnosis, treatment given, present con-	attion, and prognosis.
Date Signature of Person Examined	Date	*	Signature of Person Examined
Address			

Notice: This form may be reproduced by school districts and offices of county superintendents of schools.