



**RESULTS OF PHYSICAL EXAMINATION**

TO: Director of Human Resources  
Clarksville-Montgomery County School System  
621 Gracey Avenue  
Clarksville, TN 37040

Reference: \_\_\_\_\_  
Employee Name

This is to certify that on \_\_\_\_\_ I completed a Physical examination on the above named person, and found him/her to have a health record satisfactory for:

Employment as \_\_\_\_\_  
Position

A copy of this examination is on file in my office.

Signed: \_\_\_\_\_  
Health Care Provider

Typed/Printed Name: \_\_\_\_\_  
Health Care Provider

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You may obtain your new employee physical **free of charge** by utilizing our On-Site Healthcare Clinic

Schedule an appointment today by visiting the Central Office On-Site Healthcare Clinic

This physical should be completed within **10 days** of your new employee processing. Please return this form to Human Resources for processing once it has been completed.