



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

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.