

PHYSICAL FORM

ADEL DESOTO MINBURN COMMUNITY SCHOOL DISTRICT

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: _____

DO NOT PROVIDE GENETIC INFORMATION. The Genetic information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information', as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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: Business Manager
Adel DeSoto Minburn Comm. School District
215 N. 11th St.
Adel, IA 50003

Form Revised: April 11, 2016