



**CNMI PUBLIC SCHOOL SYSTEM – BOARD OF EDUCATION  
PHYSICIAN'S MEDICAL EXAMINATION  
VERIFICATION FORM**

I have conducted a medical examination upon \_\_\_\_\_  
*Name of Applicant*

And it is in my opinion that (s)he does not have a physical or mental impairment that either  
(please mark box that applies):

- Prevents him/her from being able to safely and effectively perform all essential job-related functions once reasonable accommodations are provided by the employer, or
- Poses a significant risk or substantial harm to the health or safety of the employee or other people in the work place that cannot be eliminated or reduced by reasonable accommodations.

<input type="checkbox"/> Tuberculosis screening completed.
<input type="checkbox"/> The applicant is free of tuberculosis.

Additional comments:

Name of Physician ( <i>print</i> )		Signature		Date	
Address		City	State	Zip Code	

**Required Hospital Seal or Stamp here:**