

THE UNIVERSITY OF THE STATE OF NEW YORK THE
STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12224

<u>Beacon High School</u>	<u>101 Matteawan Rd Beacon, NY</u>
(Name of School)	(Address)
(Name of Applicant)	(Address)
(Date of Birth)	(Sex)

INSTRUCTIONS: Complete Part A unless certificate is limited -in which case complete Part B.

- A. I hereby certify that I have examined the above named applicant and find he/she is physically qualified for lawful employment.

(signature of physician)	(address)
(date)	

- B. I hereby certify that I have examined the above named applicant and find he/she has a disability that requires limited employment.

1. Disability_____
2. Occupation_____
3. Employer_____

(signature of physician)	(address)
(date)	

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.