

**Please return this sheet to:**

**Ketchikan Gateway Borough  
School District - Personnel  
333 Schoenbar Rd.  
Ketchikan, AK 99901**

\_\_\_\_\_  
Name of Employee

**Or fax to 225-2356  
Attn: Personnel**

### **DOCTOR'S CERTIFICATION**

I have examined the applicant and:

- 1. Declare applicant physically and mentally ready for employment.
- 2. Declare applicant unfit for employment on the basis of a physical and/or mental deficiency.
- 3. Recommend the applicant have a follow-up examination as indicated:
- 4. Recommend the following procedures before approval can be given:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature