



Dinwiddie County Public Schools  
 P.O. Box 7  
 Dinwiddie, Virginia 23841

**PHYSICIAN' S CERTIFICATE**

**Public School Employee**

Name	Sex	Birth Date

<b>Address</b>	

On the basis of chest x-ray, tests and/or examinations, I hereby certify that the above named is believed free of communicable tuberculosis as of this date.

<b>Signature</b>	
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<b>Address</b>	

<b>Phone</b>	<b>Date</b>

I am a licensed physician in \_\_\_\_\_ State or District), United States.