Health Certification Statement

In compliance with Tennessee Code Annotated 49-5-404, Hamilton County Department of Education shall not allow any person who has any contagious or communicable disease in such form as might endanger the health of school children to teach in any school. Any employee must submit to a physical examination by competent physicians, when so required by the local board of education.

In compliance with School Administered Child Care Rules, Chapter 0520-12-1, all staff members shall have on file written evidence of a physical examination and a statement that their general physical and mental condition will permit them to direct and actively participate in the activities of a group of young children with reasonable accommodation, if necessary. The form or statement shall have the signature or stamp of a licensed physician, a certified nurse practitioner, or a certified physician's assistant.

An updated statement of each staff member's physical health may be obtained every third year or more often if deemed necessary by the Department. A statement of mental or emotional health shall be obtained from a psychiatrist or clinical psychologist when deemed necessary by the Department.

Please visit one of HCDE's ***free*** clinics *or* a clinic of your choice to obtain your completed statement.

The HCS EdHealth and Wellness Clinics offer health benefits to employees at no cost at three convenient locations. To make your appointment, call (423) 558-3111 or email patientserviceshcde@121.health. Bring a form of ID and this form for completion by the health care provider at the clinic.

HCS EdHealth & Wellness Clinic Locations

Hickory Valley	*Hixson*	*Riverfront*
3074 Hickory Valley Rd, Bldg 229	4206 N Access Rd	1067 Riverfront Pkwy, Ste 201
Chattanooga, TN 37415	Chattanooga, TN 37415	Chattanooga, TN 37402

Patient Name & Work Location ____________________

Patient Signature & Date ____________________

As a licensed physician, certified nurse practitioner, or certified physician's assistant, my signature verifies that the employee named below meets the requirements for employment as outlined above by Tennessee State Law.

Health Care Provider Name ____________________

Office & Location ____________________

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Health Care Provider Signature & Date ____________________

HR Fax: 423-498-6687 SACC Fax: 423-893-3531 School Nutrition Fax: 423-498-6700