

**KERN HIGH SCHOOL DISTRICT**

**CERTIFICATION OF FREEDOM FROM CONTAGIOUS OR INFECTIOUS DISEASE  
(FOR USE IN THE EMPLOYMENT OF RETIRED TEACHERS - EDUCATION CODE SECTION 44839.5)**

I hereby certify that:

- (1) I am licensed to practice as a physician and surgeon in California.
- (2) On the date shown herein, I examined \_\_\_\_\_ (Name)  
 who gave \_\_\_\_\_ as his/her date of birth and \_\_\_\_\_ (Address)  
 \_\_\_\_\_ as his/her address. On that date, I found  
 him/her  
 to be free from any contagious or infectious disease including freedom from active  
 tuberculosis.

Date: \_\_\_\_\_ Signature of physician: \_\_\_\_\_

Name of physician (type or print): \_\_\_\_\_

Business address of physician: \_\_\_\_\_

State license number: \_\_\_\_\_

The following authorization signed by the person examined shall be set forth below the certificate:

**AUTHORIZATION**

Dr. \_\_\_\_\_:

You are hereby authorized to give to the State Board of Education, any county superintendent of schools, the governing board of a school district to which the undersigned has applied for employment, and representatives of any of them, any and all information you may have regarding my physical or mental condition, including but not being limited to the history, findings, diagnosis, treatment given, present condition, and prognosis.

Date: \_\_\_\_\_ Signature of person examined: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

The examination is a condition of employment as a substitute teacher, and the expense shall be borne by the applicant. This certificate must be on file in the Office of the Kern County Superintendent of Schools and is good for four years from the date shown, or at the discretion of the school district.

**RETURN TO: SUBSTITUTE SERVICES**

**KERN HIGH SCHOOL DISTRICT  
PERSONNEL DIVISION  
5801 SUNDALE AVENUE  
BAKERSFIELD, CA 93309-2924**