

Employee Name: _____

PayID or Soc. Sec. #: _____

School District: MiraCosta Community College

Certification of Freedom from Contagious or Infectious Disease

(for Use in the Employment of **Community College** Academic Employees -- Education Code Section 87408)

PART A – Completed by physician, physician assistant, or medical officer exempted from licensure

I hereby certify that:

(1) I am licensed under the California Business and Professions Code to practice as a physician and surgeon or am a physician assistant practicing in compliance with Chapter 7.7 (commencing with Section 3500) of Division 2 of the Business and Professions Code, or a commissioned medical officer exempted from licensure.

(2) On _____ I examined _____ who gave _____
(date of exam) (name of person examined) (birth date)

as his/her date of birth and _____ 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, and from any other disabling disease unfitting him/her to instruct or associate with students.

(Signature of certifying individual)

(Date)

(Printed name of certifying individual)

(State License #)

(Business address)

(Phone #)

PART B – Completed by person examined

Dr. _____:

Pursuant to California Education Code Section 87408 you are hereby authorized to complete and submit the above certification directly to the MiraCosta Community College District based upon a medical examination you conducted on me no more than six months prior to completion of said certification.

I understand that this certification shall become a part of my personnel record and shall be open to me or my designee.

Name of Person Examined: _____

Signature of Person Examined: _____ Date: _____

Address: _____