



SCHOOL ADMINISTRATIVE UNIT #51
23 Oneida Street, Unit 1
Pittsfield, New Hampshire 03263
Phone: (603) 435-5526 • Fax (603) 435-5331
Bryan Lane – Superintendent of Schools

PRE-EMPLOYMENT MEDICAL EXAMINATION OF SCHOOL EMPLOYEES

Pursuant to RSA 200:36, . . . “all school personnel...shall be required to have a pre-employment medical exam by a licensed physician.” except those who object “to any medical examination based upon religious beliefs” . . .if state or local authorities determine that such an exemption would not constitute a hazard to the health of persons exposed to the unexamined individual. “The local school board shall further require additional medical examinations at specific intervals or upon the request of the local Superintendent of Schools during the period of employment. A written recommendation from the examining physician shall indicate that the employee is medically capable of performing his designated assignment.”

THEREFORE, ALL SCHOOL PERSONNEL MUST OBTAIN A PRE-EMPLOYMENT EXAMINATION WITHIN FIVE (5) WORKING DAYS OF RECEIPT OF THIS NOTIFICATION. IF THE CLINIC IS UNABLE TO ACCOMMODATE YOU WITHIN THAT TIME PERIOD, YOU MUST NOTIFY THE SAU OFFICE (435-5526) OF THE DATE THE EXAMINATION WILL TAKE PLACE. EMPLOYMENT WITH THE DISTRICT IS CONTINGENT UPON THE RESULTS OF THIS PRE-EMPLOYMENT EXAMINATION.

To the Attending Physician: Please complete this form and return to Superintendent of Schools, SAU #51 at the above address.

Job Assignment / Title

School District

This is to certify that I have examined _____, and I have found him/her to be: _____ medically capable _____ medically incapable of performing the job duties of the designated assignment.

Signature of Attending Physician

Date

Printed Name of Attending Physician

Address