

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Albany, New York 12234

PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)

(Address)

(Date of Birth)

Male Female Nonbinary

INSTRUCTIONS TO HEALTHCARE PROVIDER:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and find **they are physically qualified for lawful employment.**

(Date of Physical)

(Signature of Healthcare Provider)

(Address of Healthcare Provider)

B. I hereby certify that I have examined the above-named applicant and find **they have a disability that requires limited employment.**

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of Healthcare Provider)

(Address of Healthcare Provider)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.