



DEPARTMENT OF TEACHER EDUCATION

**MISSOURI SCHOOL PERSONNEL
HEALTH CERTIFICATE**

Name: _____
Last First M. Initial Social Security Number

Position: Student Observation/60-hr Aide Field-Experience Student Teaching

School District: _____

Home Base School (or Office): Harris-Stowe State University

State Requirements:

1. Good Health (to be determined by examination from licensed physician)
2. Free of contagious disease (to be determined by examination from licensed physician)

TUBERCULIN TEST GIVEN _____ **RESULTS** _____
Date Neg or Pos

I hereby certify that this person was found to be in good health and free of contagious disease at the time of my examination.*

SIGNATURE OF LICENSED PHYSICIAN		DATE	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

***A copy of a complete physical may be attached to this form for documentation.**

HSSU procedures requires that teacher candidates submit a health certificate, chest X-ray, or other acceptable tuberculin test completed by a doctor.