

**TRUMBULL PUBLIC SCHOOLS**  
**TRUMBULL, CONNECTICUT**

**CERTIFICATE OF HEALTH**

Based on a physical examination of \_\_\_\_\_, I hereby  
certify that from a health standard, he/she is able to perform the duties and  
responsibilities of his/her job.

PPD and/or chest X-ray results \_\_\_\_\_.

Signed \_\_\_\_\_ M..D.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

Please return to:

Trumbull Public Schools  
Human Resources  
6254 Main Street  
Trumbull, CT 06611  
f-203-452-4351  
p-203-452-4349