

(To be Completed by the Physician or their Designee)

EXAMINER: the individual presenting this for assessment to the Leupold or Coege Health Occupation Program in Health

**Lake Superior College
Certification of Annual Physical Examination**

I hereby certify that _____ student _____
_____ Date of Exam _____

Please check one of the following

I certify that this student is in apparent good health and is not a condition that would endanger the health and well-being of other students or patients and is physically competent to perform the customary duties of the occupation student employee of Lake Superior College

I certify that this student is not competent to perform physically demanding the customary duties of the occupation student employee of Lake Superior College based on the following conditions established in the criteria
Exam for _____ Please Explain _____

Signature

Date

Phone

City/State/Zip Code

THIS PAGE HAS BEEN UPLOADED TO VERIFIED CREDENTIALS WEBSITE****