

**BOARD OF EDUCATION
DELTRAN TOWNSHIP SCHOOL DISTRICT**

52 Hartford Road
Delran, New Jersey 08075
(856) 461-6800



The Board of Education requires each newly employed staff member undergo a physical examination. The physical examination shall include, but is not limited to: a health history to include past serious illnesses and injuries; current health problems; and allergies. The physical examination shall also include a health screening to include health and weight; blood pressure; pulse and respiratory rate; vision screening; hearing screening; and Mantoux test for tuberculosis.

DATE: _____

_____ is under contract in this school system as a
_____. Would you please be kind enough to give
him/her a physical examination in accordance with Board of Education policy and
sign the certification below. Thank you!

.....

I hereby certify that _____ is physically capable
of performing all work in accordance with Board of Education Policy #3160,
required by him/her as a _____.

Signed: _____
Physician Name Date

Comments: _____

Restrictions: _____

Physician's Name (print): _____

**ADVOCARE FAMILY MEDICINE ASSOCIATES/
SOUTH JERSEY OCCUPATIONAL MEDICINE**

Francis C. Meeteer, D.O.

2055 Briggs Rd., Suite 106
Mount Laurel, NJ 08054
Telephone: (856) 231-9666
Fax: (856) 231-7453

979 N. Black Horse Pike
Williamstown, NJ 08094
Telephone: (856) 629-5151
Fax: (856) 629-0281

The Board of Education requires each newly employed staff member undergo a physical examination. The physical examination shall include, but is not limited to, a health history to include past serious illnesses and injuries; current health problems; and allergies. The physical examination shall also include a health screening to include health and weight; blood pressure, pulse and respiratory rate; vision screening; hearing screening, and Mantoux test for tuberculosis.

DATE: _____

_____ is under contract in this school system as a
_____. Would you please be kind enough to give
him/her a physical examination in accordance with Board of Education policy and
sign the certification below. Thank you!

.....
I hereby certify that _____ is physically capable
of performing all work in accordance with Board of Education Policy #3160,
required by him/her as a _____.

Signed: _____
Physician Name Date

Comments: _____

Restrictions: _____

**ADVOCARE FAMILY MEDICINE ASSOCIATES/
SOUTH JERSEY OCCUPATIONAL MEDICINE**

Francis C. Meeteer, D.O.

2055 Briggs Rd., Suite 106
Mount Laurel, NJ 08054
Telephone: (856) 231-9666
Fax: (856) 231-7453

979 N. Black Horse Pike
Williamstown, NJ 08094
Telephone: (856) 629-5151
Fax: (856) 629-0281

REPORT OF DRUG TEST RESULTS

Donor's Name: _____
Last First M.I.

Donor's Last Four Digits of SSN: _____

Employer: _____

Collection Date: _____
Month Day Year

Collection Site: _____

Laboratory Name: _____

Reason for Test:

_____ Pre-Employment _____ Post Accident
_____ Random _____ Return to Duty
_____ Reasonable Suspicion/Cause _____ Follow-Up
_____ Other (Specify)

I have reviewed the laboratory results for the specimen identified by this form in accordance with applicable Federal requirements. My determination/verification is:

TEST RESULTS:

_____ Negative
_____ Positive
_____ Canceled/Invalid

REMARKS: _____

Medical Official's Name (Print)

Signature of Medical Official

Date

STATUS: Called/Faxed to: _____