

**WATERLOO COMMUNITY SCHOOL DISTRICT  
INITIAL PHYSICAL EXAMINATION**

All District substitutes shall be required to have a **physical examination** by a licensed physician, along with a **tuberculosis** and **drug test**. The cost of these tests is the responsibility of the employee.

---

**Physical Examination**

This is to certify that I have examined \_\_\_\_\_

I find him/her able to perform the duties of \_\_\_\_\_  
for which the employee was hired.

Examining Physician's Signature \_\_\_\_\_

Printed Physician's Name \_\_\_\_\_

**Tuberculosis Test**

\_\_\_\_\_ Negative

\_\_\_\_\_ Positive (**requires X-ray; attach results**)

**X-ray results**

\_\_\_\_\_ Contagious

\_\_\_\_\_ Not Contagious

Examining Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Physician's Name: \_\_\_\_\_

**Drug Test**

\_\_\_\_\_ Positive

\_\_\_\_\_ Negative

Examining Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Physician's Name: \_\_\_\_\_

**\*Please send drug test results, including a list of drugs tested for along with this completed sheet to:**

Waterloo Community Schools  
1516 Washington Street  
Waterloo, Iowa 50702  
Fax: 319-433-1890