



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

MEDICAL CERTIFICATE for Returning Retirees

Part 1 To be completed by employee/prospective employee

Name: _____

Last name, First name, Middle Initial

SSN / Employee ID: _____

Address _____

Street

City

State

Zip Code

Distribution: This form, when completed will contain sensitive information. It shall be filed as a part of the personnel record and shall be only accessible to the employee.

I hereby authorize the undersigned physician to release to the San Diego Community College District and the District's further release to other agencies as may be required in the course of my employment any and all medical information acquired in the course of my examination.

Employee Signature

Date

Part 2 To be completed by examining physician and submitted directly to:

San Diego Community College District, Attn: Employment
3375 Camino del Rio South, Room 330
San Diego, CA 92108

I am a physician and surgeon licensed under the California Business and Process Code or a Commissioned Medical Officer exempted from licensure by Section 2144 of said code. I hereby certify that based on a medical examination conducted on _____, I find the above named individual to be free of disabling disease unfitting him/her from instructing or associating with students.

Remarks (if any):

Physician's Signature

Date

State License No.: _____

Please print, place label or stamp with Health Care Provider Name and Address (including Number, Street, City, State, and Zip Code.