



DEPARTMENT OF TEACHER EDUCATION

**MISSOURI SCHOOL PERSONNEL  
HEALTH CERTIFICATE**

**Name:** \_\_\_\_\_  
Last First M. Initial Social Security Number

**Position:**  Student Observation/60-hr Aide  Field-Experience  Student Teaching

**School District:** \_\_\_\_\_

**Home Base School (or Office):** Harris-Stowe State University

**State Requirements:**

1. Good Health (to be determined by examination from licensed physician)
2. Free of contagious disease (to be determined by examination from licensed physician)

**TUBERCULIN TEST GIVEN** \_\_\_\_\_ **RESULTS** \_\_\_\_\_  
Date Neg or Pos

**I hereby certify that this person was found to be in good health and free of contagious disease at the time of my examination.\***

SIGNATURE OF LICENSED PHYSICIAN		DATE	
ADDRESS	CITY	STATE	ZIP CODE
PHONE			

**\*A copy of a complete physical may be attached to this form for documentation.**

**HSSU procedures requires that teacher candidates submit a health certificate, chest X-ray, or other acceptable tuberculin test completed by a doctor.**