

**THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
ALBANY, NEW YORK 12224**

**PHYSICAL FITNESS CERTIFICATION**

\_\_\_\_\_**SOLVAY HIGH SCHOOL**\_\_\_\_\_ **600 Gertrude, Solvay NY 13209** \_\_\_\_\_  
(Name of School) (Address)

\_\_\_\_\_  
(Name of Applicant) (Address)

\_\_\_\_\_  
(Date of Birth) (Sex)

**INSTRUCTIONS: Complete part A unless certificate is limited – in which case complete part B**

**A.** I hereby certify that I have examined the above named applicant and find he is physically qualified for lawful employment.

\_\_\_\_\_  
(Date) (Signature of Physician and Address)

**B.** I hereby certify that I have examined the above named applicant and find he has a disability that Requires limited employment.

- (1) Disability –
- (2) Occupation –
- (3) Employer –

\_\_\_\_\_  
(Date) (Signature of Physician and Address)

If a limited certificate is indicated, the disability, occupation , and employer must be indicated to make this certificate valid.