

AT-16

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

PHYSICAL FITNESS CERTIFICATION

(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/she 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/she 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.