

SUPERINTENDENT OF SCHOOLS
48 POST ROAD
GREENLAND, NH 03840
(603) 422-9574
FAX (603) 431-0019

GREENLAND CENTRAL SCHOOL
70 POST ROAD
GREENLAND, NH 03840
(603) 431-6723
FAX (603) 430-7683

MAUDE H. TREPETHEN SCHOOL
CRANFIELD STREET
NEW CASTLE, NH 03854
(603) 436-5416
FAX (603) 427-1918

NEWINGTON PUBLIC SCHOOL
133 NIMBLE HILL ROAD
NEWINGTON, NH 03801
(603) 436-1482
FAX (603) 427-0692

RYE ELEMENTARY SCHOOL
461 SAGAMORE ROAD
RYE, NH 03870
(603) 436-4731
FAX (603) 431-6702

RYE JUNIOR HIGH SCHOOL
501 WASHINGTON ROAD
RYE, NH 03870
(603) 964-5591
FAX (603) 964-3881

Certification of Fitness for Duty

This information is confidential and will only be used in determining that this employee is capable of performing the essential functions of his/her job.

Employee Name: _____

Employer: _____

Physical Demands: The usual and customary methods of performing the job’s functions require the following physical demands: occasional lifting, carrying, pushing, and/or pulling up to forty (40) or more pounds; going up and down stairs, stooping, kneeling, crouching; and significant fine finger dexterity. Requires accurate perception of sound, near and far vision, depth perception, handling and working with educational materials/objects and/or food service equipment.

I have reviewed this employee’s physical demands as listed above and after examining the physical fitness of the employee I believe the employee is:

- able to perform these physical demands at this time.
- unable to perform these physical demands at this time.
- it is recommended that a Mantoux test be performed due to potential exposure. (District to pay cost of test at District’s choice of facility.)

I certify that this accurately reflects my informed professional opinion regarding this employee’s ability to work and perform the job duties/physical demands as indicated at this time.

Healthcare Provider Signature

Date

Healthcare Provider Name

Provider Phone

Name/Address of Healthcare Facility: _____

