

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 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.