

NORTH MASON SCHOOL DISTRICT #403

CERTIFICATION/STATEMENT OF HEALTH

APPLICANTS NAME: _____

DATE: _____

This statement is written assurance to the North Mason School District that I possess the physical health necessary to safely transport students. I also possess the physical strength and agility necessary to assist students in the event of an emergency. This information is based on the results of my last physical dated _____.

SIGNATURE: _____