Onslow County - Field Experience

1. Complete and submit the following documents:
   a. NC Health Examination Certificate

2. Submit all completed documents through the Microsoft Form link available on the Field Experience website.
3. The Educator Engagement and Student Success office will then share the student's information with Onslow County. Students will be notified to make an appointment with Cheryl Williams for fingerprinting to complete the state and federal background checks required by OCS. https://www.onslow.k12.nc.us/, 910-455-2211
4. Placement confirmations will be provided by the Office of Educator Engagement and Student Success and reflected in the Brave Educator Dashboard. Be sure to check the dashboard regularly for updates.

Questions? Please contact the Director of Educator Engagement and Student Success, Dr. Kamina Fitzgerald, kamina.fitzgerald@uncp.edu

HEALTH EXAMINATION CERTIFICATE

North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: ____ Social Security Number (last 4): ___________
Address: ____

____

The above named individual is to be recommended for employment by Onslow County Schools (local school board) in a position of _______________________. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Diseases

By my signature, I certify that the above named person **does not have any communicable disease, including tuberculosis,** which poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

____

____

II. Other Health Areas

Areas	Limitations		NATURE OF LIMITATIONS (continue on back as needed)
	Yes	No	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	Yes	No	
Does this person have appropriate immunizations for working in a public school setting?			

Date: ________________

____
Physician, Physician's Asst. or Nurse Practitioner (type or print)

Signature: ____

License/Registration #: ___________________ **State*Granting License/Registration:** _______________

***For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.**

11/2019