MEDICAL CLEARANCE FOR PUPIL PERSONNEL SERVICES CREDENTIAL WITH ADVANCED SPECIALIZATION IN SCHOOL PSYCHOLOGY

Name: _____ Date: _____
Last First

Address: _____
Street City/State Zip Code

PART A:
Directions to applicant: Answer each of the following questions.

1. Have you had a serious illness or injury in the past ten years? _____ Yes _____ No

2. Do you have a physical disability or continuing medical problem? _____ Yes _____ No

3. Are you under the care of a physician or surgeon at the present time? _____ Yes _____ No

4. Have you ever been confined to a mental hospital or institution? _____ Yes _____ No

_____
Applicant Signature Date

PART B:

<u>Certification by Medical Professional</u>

This is to certify that the applicant is free of any contagious or communicable disease (e.g., tuberculosis) or physical or mental defect making applicant unfit to instruct or associate with children.

By: _____
Signature Date

_____
Printed Name Title

Return completed form to: **Coordinator, School Psychology Program**
CSU, Fresno
Department of Psychology
2576 E. San Ramon M/S ST11
Fresno, CA 93740-8039