



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF  
**EDUCATION**

*Human Resources*

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Director

**MEDICAL ASSESSMENT**

Dear Physician/Health Care Provider:

The Government of the Virgin Islands, Department of Education requires that all employees shall have a physician's statement of good health.

This report is to certify that \_\_\_\_\_ was examined on  
(PATIENT'S NAME)  
\_\_\_\_\_.  
(DATE)

- ☐ There is a record of laboratory work to verify that the individual is free of communicable diseases, parasites or tuberculosis.
- ☐ The individual is physically able to work.

Your signature below further attests that, in your medical opinion and based on acquired test results that this patient is fit to work in his/her capacity.

|                              |       |
|------------------------------|-------|
| Patient's Name:              | Date: |
| Physician's Name:            |       |
| Physician's Signature:       | Date: |
| Physician's Office Location: |       |
|                              |       |

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