

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
ALBANY, NEW YORK 12224

ATTENTION: Date of  
Physical, Office Stamp and  
Physician Signature Needed.

**PHYSICAL FITNESS CERTIFICATION**

PX \_\_\_\_\_  
B.P. \_\_\_\_\_  
VISION \_\_\_\_\_  
REVIEW \_\_\_\_\_

City School District of the  
City of Binghamton

98 Oak Street, Binghamton, N.Y. 13905

.....  
(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.e I hereby certify that I have examined the above named applicante

.....  
(date)

(signature of physician and address)

B.e I hereby certify that I have examined the above named applicante and  
find he has a disability that requires limited employment.e

(1)eDisability -

(2)eOccupation -

(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.