



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF
EDUCATION

Human Resources

St. Thomas: 1834 Kongens Gade, Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802-6746
Tel: (340) 774-0100 Fax: (340) 774-2915

St. Croix: 2133 Hospital Street, Christiansted
St. Croix, U.S. Virgin Islands 00820-4665
Tel: (340) 773-1095 Fax: (340) 778-8995

Nicole Jacobs, IPMA-SCP, SHRM-SCP
Director

Medical Assessment Form

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:	