

TO:

Paterson Public Schools

Student Assistance Department



90 Delaware Avenue Paterson, New Jersey 07053-1804 Office: 973-321-0694 Fax: 973-321-0651

Kathy LeporeSupervisor
Student Assistance Programs

Email: klepore@paterson.k12.nj.us

PHYSICIAN'S CLEARANCE FORM 2012-2013

(Building Administrator & Schoo	I)
RE: MEDICAL EXAMINATION OF	PRINT NAME (student)
	student was examined by me as required by the sof the Paterson Public Schools and appears to be school.
TO BE PAID BY PARENT/G 1) MEDICAL EXAMINAT	ALL FOUR OF THE FOLLOWING TESTS – UARDIAN, NOT BY SCHOOL DISTRICT: TION; 2) 10 PANEL DRUG SCREEN; TPANEL; 4) A BREATHALYZER TEST.
any mood altering chemical at the time	tudent did not appear to be under the influence of of his/her examination. The results of a urine drugoming as well as a breathalyzer test for alcohol.
and Breathalyze KATHY LEPORE, SUPERVISO PATERSO	tion, 10 Panel Drug-Screen, Extended Opiate Panel er test MUST BE FAXED to: DR, STUDENT ASSISTANCE PROGRAMS N PUBLIC SCHOOLS
	r assessment procedures by the Paterson Schools, nding the results of lab testing and review by the school's possession.
Sincerely,	
Please Print Physician's Name & Title	Date
Physician's Signature	7/2012