# THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT Albany, New York 12234

#### **PHYSICAL FITNESS CERTIFICATION**

(Address)	(Address)	
Male	Female	
-in which case completo	e Part B	
above-named applicant a	and find he/she is physically	
(Signature of	Physician)	
above-named applicant a	and find he/she has a disability	
	and find he/she has a disability	
	Male -in which case complete	

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.

## **Working Papers**

## Important Note

Anyone can pick up this application, but the applicant must appear in person to sign and receive the certificate

This Working Paper application has 2 parts. Follow the directions exactly. When this application is completed, bring it to the Counseling Center for your working papers.

### **Application For Employment Certificate**

- 1. **Part 1** Fill in Name, Age, Social Security Number, and Home Address. Check off which certificate applies to you. Have parent or guardian sign.
- 2. NOTE: If you are applying for a **FULL TIME CERTIFICATE**, the parent or guardian MUST appear in person at the school to sign the application.
- 3. **Part 2** If you are not a Hamburg High School student you need to show proof of birth date.
- 4. Disregard Parts III, IV, V, VI

## **Physical Fitness Certification Form**

- 1. Fill out top 2 lines (name, Address, Date of Birth, Sex)
- 2. The school nurse or your personal physician must complete section A.
  - a) If you attend HHS and you have had a school physical *within the last year*, the school nurse can sign Section A (During the summer, when the nurse is not at HHS, the Counseling Center secretary can look up the record and sign Section A)
  - b) If you have not had a school physical in the past year, take the form to your doctor to complete.