

Mount Sinai School of Medicine
Medical Certification
(Continuation)

Cardiovascular System			
Abdomen			
Genitalia			
Back/Spine (Scoliosis)			
Extremities/Hips			
Skin			
Neuro			
MALE SMR P.H I II III IV V GENT. I II III IV V			FEMALE SMR P.H I II III IV V BREAST I II III IV V
Assessment:			
Plan:			

- I have examined the above named on _____ and found him/her to be medically fit and capable of performing all assigned duties.
- This person has a condition that will affect their ability to function effectively and may place others at risk (please describe condition). _____

Physician's Name (Printed) Address

Physician's Signature City, State, Zip Code

Administrative Use Only

_____, MD Okay to Participate

Reviewed by:

Signature Needs _____

Date _____