



Applicant Name : JAMES WINSOR

Application Type: Instructional I

Application ID: 728324

HEALTH CERTIFICATE

The Health Certificate section must be completed by a United States licensed physician, physician's assistant or nurse practitioner

I certify that I am a physician, physician's assistant or nurse practitioner (circle one) licensed/certified as such in a state of United States or its capital; that I have examined the applicant and find that the applicant is not disqualified by reason of a mental or physical disability or a communicable disease from the successful performance of the essential functions of a teacher with or without a reasonable accommodation.

Mellen S. McElmoyle

Signature of Examining Physician

8/4/12

Date

PA

State in which licensed

05-5108374

State License No.

915-750-7150

Daytime Phone Number

**WHALEN & McELMOYLE
FAMILY MEDICINE**

407 Floral Vale Blvd.
Yardley, PA 19067