

DIVISION OF TEACHING CERTIFICATIONS

MEDICAL CERTIFICATION FOR THE PUERTO RICO DEPARTMENT OF EDUCATION

The following medical certification will be used solely and exclusively for the request for renewal of certificates and new applications, in accordance with the Regulations for the Certification of Teaching Personnel of the Puerto Rico Department of Education.

I certify that _____ with identification
number _____ and born in _____, has no
physical defects, illnesses or any disability that prevents him from carrying out the duties
as: ___ teacher ___ principal ___ counselor ___ other _____.

Date _____ Name of the certifying Dr. _____

Signature _____ License number _____

Direction: _____

P.O. Box 190759, San Juan PR 00919-0759 (787) 773-6286/2483/2573/6284/6600/2457



El Departamento de Educación no discrimina de ninguna manera por razón de edad, raza, color, sexo, nacimiento, condición de veterano, ideología política o religiosa, origen o condición social, orientación sexual o identidad de género, discapacidad o impedimento físico o mental; ni por ser víctima de violencia doméstica, agresión sexual o acoso.