

CERTIFICATE *of* COMPLETION

THIS ACKNOWLEDGES THAT

HAS SUCCESSFULLY COMPLETED THE

**CITY OF STUART HEALTH RISK APPRAISAL FINDINGS REVIEW
THE FOLLOWING HAVE BEEN DISCUSSED PRIOR TO SIGNING:**

- LAB TEST RESULTS
- ONLINE QUESTIONNAIRE RESULTS
- RESULTS OF ANNUAL PHYSICAL (POLICE AND FIRE ONLY)

MEDICAL PROFESSIONAL INITIALS: _____

CITY OF STUART EMPLOYEE INITIALS: _____

**Promptly deliver your signed Certificate to the City of
Stuart Human Resources Department.**

Signed: _____ Title: _____

