

Teacher's Health Certificate

BR. TBES. 2. J. 009

Section 10520; R. S., 1939.

(This form prepared by the State Department of Education, Division of Public Schools,
in cooperation with the State Division of Health.)

For the School Year 19⁵² - 19⁵³

Name... Paulo Spurgeon de Paula Address... Brazil
County..... Age... 20 Sex... M Color... W Marital Status... Married

1. Disease of Eyelids... <u>None</u>	9. Skin... <u>Normal</u>
2. Nose... <u>Normal</u>	10. Disease of Bones... <u>None</u>
3. Throat... <u>"</u>	11. Vision R 20/20 L 20/20 (with glasses) R 20/ L 20/
4. Teeth... <u>"</u>	12. Hearing R... <u>Normal</u> L... <u>Normal</u>
5. Gums... <u>"</u>	13. Chest a ___ Reading of current years x-ray.....
6. Thyroid... <u>"</u> <u>Normal</u>
7. Successful smallpox vaccination (give dates)... <u>8/10/49</u>	b ___ Heart... <u>Normal</u>
8. Diphtheria Immunization (give dates).....	c ___ Blood Pressure... <u>120/70</u>

I hereby certify that on... November 18, 1952, I made the above examination and, to the best of my knowledge and belief, the above answers are true, and that... Paulo De Paula was FREE OF COMMUNICABLE DISEASE, and IN GOOD HEALTH.

(Signed)..... J. L. Biggestaff, D.D.

Subscribed and sworn to before me this... 18th day of... November 19... 52

(Seal)

..... Alma F. Gilly
Notary Public