



East Peoria Elementary School District 86

601 Taylor Street, East Peoria, IL 61611

Ph: (309) 427-5100

Fx: (309) 698-1364

www.epd86.org

Mr. Tony Ingold
Superintendent

Mr. Jason Warner
Assistant Superintendent

Mr. Jason Gambill
Director of Special Services

PHYSICIAN'S STATEMENT OF GOOD HEALTH

Name of Employee _____

Address _____

I, hereby certify that I have given the above named school employee a thorough physical examination and find the same to be physically fit to perform the duties assigned and to be free from communicable disease.

Date

Signature M.D.

Address

City

Zip

Sec. 24-5 of the Illinois Code provides as follows:

School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the employee.