

PHYSICIAN'S STATEMENT OF GOOD HEALTH

The Illinois School Code* requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee.

To Applicant: This form, with original signature, is to be filed with the Regional Superintendent
(Macon Piatt Regional Office of Education, 1690 E. Huston Dr., Decatur, IL 62526)

Name Mr. _____
 Mrs. _____
 Ms. _____

Address _____

Date of Birth _____ Height _____ Weight _____

I hereby certify that I have examined the above named person and that to the best of my judgment said person is physically qualified to perform the required duties of a teacher, including, but not limited to sitting or standing for extended periods of time, speaking loud enough to be heard within a 15 ft. circumference, and is free from communicable disease. A TB test is required to substitute in a pre-school classroom.

TB test date _____ TB result _____

Date of Physical Examination _____

Medical Practitioner Signature _____

Medical Practitioner Printed Name _____

Practitioner Business Address _____

*(105 ILCS 5/24-5) Section 24-5(b) Physical fitness

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 made by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, and advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician not more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee.

(Source: P.A. 94-350, eff. 7-28-05.)