



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. Please complete the information below.

I hereby certify that _____ meets the requirement of physical fitness to perform the duties outlined and is free from communicable diseases.

Comments (optional):

Signature of Certifying Physician

Date of Certification

Printed Name of Certifying Physician

Clinic/Hospital Name

Clinic/Hospital Phone

Address

City, State, Zip

** (105 ILCS/5/24-5) 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 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. A new or existing employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official.*