

Employee Health Examination Record

Section 24-5 of the Illinois School Code provides that: "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Such evidence shall consist of a physical examination and a tuberculin skin test and, if appropriate, an x-ray, made by a physician licensed to practice medicine and surgery in all its branches not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the employee. The board may from time to time require an examination of any employee by a physician licensed in Illinois to practice medicine and surgery in all its branches and shall pay the expense thereof from school funds."

(Please Print)

Name: Employed as:

Address:

REPORT OF PHYSICAL EXAMINATION

1. General Physical Appearance: _____

2. Date of Birth: _____ Height: _____ Weight: _____

3. Vision: Right Eye 20/_____ Correctable to 20/_____

Left Eye 20/_____ Correctable to 20/_____

Glasses _____ Contacts _____ (choose one)

4. Hearing: Right Ear _____ Left Ear _____ Nose & Throat _____

5. Teeth: _____ Heart: _____ Blood Pressure: _____

6. Skin: _____ Hernia: _____ Varicose Veins: _____

7. Respiratory: Lungs: _____

Tuberculin Test: Date _____ Negative _____ Positive _____

If positive, result of x-ray _____ Date of x-ray _____

(If tuberculin test is positive, state law requires x-ray before your final recommendation is made.)

8. Please give full description of any physical disability not herein included:

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 the above-mentioned position.

Date of Examination _____ Doctor's Signature _____, M.D.

Please **print** name and address of doctor: _____

