

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

## Geneva C.U.S.D. 304

### Certificate of Physical Fitness/Health Exam

To: Employee and Physician

#### Requirement for Employment

Illinois School Code, Chapter 122.24-5 indicates "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 health examination made by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches not more than 90 days preceding time of presentation to the board and cost of such examination shall rest with the employee."

#### Physician's Certificate

I certify that I have examined \_\_\_\_\_ and find this person is able to perform the duties assigned.

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

#### Pre-school Staff Only

##### Tuberculum Test Results

_____ Negative	_____ Positive	Date:
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