	Employee Name:	
Geneva C.U.S.D. 304 Certificate of Physical	Fitness	
Requirement for Employr	nent	
, I	erform duties assigned not more	Is shall require of new employees than 90 days preceding time of t with the employee."
	Physician's Certificate	
I certify that I have examinedable to perform the duties assign	ned.	and find this person is
Physician's Signature:		
Address:		
Immunity from Comm Pre-School Staff Only	unicable Disease	
evidence of freedom from commonsist of a tuberculin skin test a Illinois or any other state to prac	nunicable disease, including tub and, if appropriate, an x-ray, ma tice medicine and surgery in all	de by a physician licensed in
Negative	Positive	Date:
Negative	rositive	Date.