



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. Such evidence shall not be 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: _____

Five Panel Drug Screen

| | | |
|--------------|--|--|
| Cocaine | | |
| Marijuana | | |
| Amphetamines | | |
| Opiates | | |
| PCP | | |

TB TEST (Only required if you plan on subbing in our Early Childhood Center)

| | | |
|----------------|----------------|-------------|
| _____ Negative | _____ Positive | Date: _____ |
|----------------|----------------|-------------|