

YOUR SCHOOL

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Statement of Good Health

Illinois School Code (105 ILCS 5/24-5) requires that new employees show evidence of physical fitness to perform duties assigned and freedom from communicable disease at time of hire. A TB test is also required. This requirement is at the employee's expense.

Employee's Name _____ Position _____

Physician's Statement of Good Health

I, _____, a physician licensed in Illinois or any other state
(Physician's name – **printed**)
to practice medicine and surgery in all its branches, hereby certify that I examined the above-named person on _____ and that he/she can perform the essential functions and duties of
(Date)
his/her position with or without reasonable accommodations, and that at this examination he/she is free from communicable disease.

A TB test was performed at this time. Yes _____

No _____

(Physician's Signature Required)

(date signed)

(Physician's Street Address)

(City, State, Zip)

(Physician's phone)

Please return this form to the principal of the school at which you are employed.