

**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.