**PHYSICIAN’S STATEMENT OF GOOD HEALTH**

The \* Illinois School Code requires that new employees show evidence of physical fitness to perform duties assigned to them. Any cost shall rest with the employee.

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_meets the above requirement of physical fitness.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature M.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*If for substitute teaching, please send this form to the patient so they can submit to the school(s).*

Or you may send to:

Regional Office of Education #40 Regional Office of Education #40

227 East 1st South Street 201 West Exchange

Carlinville, IL 62626 OR Jerseyville, IL 62052

Phone: (217) 854-4016 Phone: (618) 498-5541

Fax: (217) 854-2032 Fax: (618) 498-5543

\*(105 ILCS 5/24-5)

\*Sec. 24-5. Physical fitness and professional growth. School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculin skin test, and if appropriate, an x-ray, 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. The board may from time to time require an examination of any employee by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches and shall pay expenses thereof from school funds. School boards may require teachers in their employ to furnish from time to time evidence of continued professional growth. (Source: P.A. 78-344.)