

# **CERTIFICATE OF PHYSICAL FITNESS AND IMMUNITY FROM COMMUNNICABLE DISEASE**

**TO: NEW EMPLOYEE AND PHYSICIAN**

## **REQUIREMENTS OF EMPLOYMENT**

The Illinois School Code, 105 ILCS 5/24-5 Indicates "School Boards shall require of all new employees evidence of physical fitness to perform duties as assigned and freedom from communicable disease. Such evidence shall consist of a physical examination made by a physician licensed in the State of 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."

Please have your physician complete the certification below and return the form to Jane Landers in the District Office.

## **PHYSICIAN'S CERTIFICATE**

I hereby certify that I have examined \_\_\_\_\_  
and find this person is able to perform the duties assigned and is free from  
communicable disease.

Physicians Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_