



Community Consolidated School District 181
PHYSICIAN'S STATEMENT OF GOOD HEALTH

Name: _____ Phone: _____

Address: _____

Male: _____ Female: _____ Birth Date: _____

Section 24-5 of the School Code states in part: "School boards shall require of new employees evidence of physical fitness to perform duties – presentation to the board and cost of such examination shall rest with the employee." The exam shall not be more than 90 days preceding employment.

Please have your physician complete this form.

PHYSICAL EXAMINATION

I have determined that the above named applicant is able to perform the essential functions and duties as determined by the position for which he/she has applied without reasonable accommodations, and that he/she is free of communicable diseases.

Date: ____/____/____

Physician Name: _____

Signature, M.D.: _____

Address: _____

Physician Office Telephone #: _____

Please return to: D181 Human Resources Department (address above)