



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. A TB test is also required for employees in a school that has preschool or kindergarten. 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 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.