

CENTRAL A & M COMMUNITY UNIT DISTRICT 21

EMPLOYEE HEALTH EXAMINATION RECORD

Section 24-5 of the Illinois School Code provides that school boards shall require all new employees to present evidence of physical fitness to perform their assigned duties and also evidence of freedom from communicable disease. Such evidence shall consist of a physical examination made not more than 90 days prior to the opening day of school by a physician licensed in Illinois to practice medicine and surgery and the cost of such examination shall rest with the employee.

Name(Mr, Mrs, Ms, Miss) _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Height _____ Weight _____

REPORT OF PHYSICAL EXAMINATION

General Physical Appearance _____

Vision: Right Eye 20/ _____ Correctible to 20/ _____
Left eye 20/ _____ Correctible to 20/ _____

Hearing: Right Ear _____ Left Ear _____ Nose and Throat _____

Teeth _____ Heart _____ Blood Pressure: Systolic _____

Diastolic _____

Skin _____ Hernia _____ Varicose Veins _____

Respiratory System: Lungs _____

Tuberculin Test: Date _____ Negative _____ Positive _____

If positive, result of x-ray _____ Date of x-ray _____

(If tuberculin test is positive, x-ray must be required before your final recommendation is made.)

Urinalysis: Reaction _____ Specific Gravity _____ Sugar _____

Albumen _____ Pus _____ Blood _____ Casts _____

Please give description of any physical disability not herein included:

I hereby certify that I have examined the above named person and that to the best of my judgment said person is physically qualified to perform the required duties of the above mentioned position.

Date of Examination _____ (Signed) _____
_____, M.D.

Address: _____ Telephone _____
