

Name (Last, First, MI) \_\_\_\_\_

**Physician's Certification of a Completed Physical Examination**

The person named above has applied for employment at Community Consolidated School District 89 in Glen Ellyn, Illinois as a(n) \_\_\_\_\_. (Subject or Assignment)

The Illinois School Code requires a licensed physician's certification that a new employee demonstrates physical fitness to perform duties assigned as well as freedom from communicable disease including tuberculosis. Such evidence shall consist of a physical examination a tuberculin skin test and, if appropriate, an x-ray, made by a physician licensed to practice medicine not more than **90 days** preceding presentation to the Board of Education for employment. (Public Act 78-344)

Please provide the following certification concerning the above named person so that his/her employment may proceed. Return this completed form to the HR Department located at 22W600 Butterfield Road, Glen Ellyn, IL 60137. Please direct any questions to (630) 469-8900 ext. 3509.

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This is to certify that \_\_\_\_\_ was given a physical examination on \_\_\_\_\_ and was found to be in satisfactory physical condition to perform the duties assigned and is free from communicable disease.

In addition, this person was found to be free from active tuberculosis as evidence by:

TB Skin Test

X-Ray

Interpreted **Negative** on this date \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date Signed \_\_\_\_\_