Attach Physician's Business Card or Stamp

_____
Employee Name (please print)

_____
Position Title

Community Unit School District 303
St. Charles, Illinois

Certificate of Physical Fitness and Immunity from Communicable Disease

To: Employee and Physician

Requirement for Employment

Illinois School Code, Chapter 122.24-5 indicates "School Boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis. Such evidence shall consist of a tuberculin skin test and, if appropriate, an x-ray, made by a physician licensed in 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."

Physician's Certificate

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

Physician's Signature: _____

Address: _____

Tuberculin Test/Chest X-Ray Results (if completed at physician's office)

_____ Negative	_____ Positive	Date: