

LIBERTYVILLE SCHOOL DISTRICT 70

LIBERTYVILLE, IL 60048

- Adler Park School • Butterfield School • Copeland Manor School •
 - Rockland School • Highland Middle School •
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HEALTH EXAMINATION RECORD

(Evidence of Physical Fitness, as required by the School Code of Illinois, 2014)

Name: _____ Address: _____

SEC. 24-5 PHYSICAL FITNESS AND PROFESSIONAL GROWTH

“School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the employee. A new or existing employee may be subject to additional health examinations, including screening for tuberculosis, as required by rules adopted by the Department of Public Health or by order of a local public health official. The board may from time to time require an examination of any employee by a physician licensed in Illinois to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician and shall pay the expenses thereof from school funds.”

I hereby certify that I have examined the above applicant and have found the person physically fit to perform duties assigned and free from communicable disease.

Date of Examination: _____ Signed: _____ M.D.

Dr. Office Stamp:



Comments: _____
