



SUBSTITUTE TEACHER MEDICAL INFORMATION

LAST NAME:	FIRST NAME:	SS # OR IEIN #
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PHYSICIAN'S VERIFICATION OF GOOD HEALTH

Sec. 24-5 of the School Code states in part -- "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis presentation to the board, and the cost of such examination shall rest with the employee."

PHYSICIAN'S VERIFICATION

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher with reasonable accommodations and that he/she is free of communicable diseases.

Date _____ / _____ / _____

Physicians Name _____

Physicians Signature _____

Address _____

TUBERCULOSIS SKIN TEST

Date Given: _____ / _____ / _____

Date Read: _____ / _____ / _____ Results: (circle one): Negative Positive

Reading: _____

Physicians Name Printed _____

Physician Signature _____