

VALLEY VIEW SCHOOL DISTRICT 365U

801 W. Normantown Rd., Romeoville, Illinois 60446
Phone: 815-886-2700 Fax: 815-886-2270

Employee Physical Examination Form

State law requires the District to obtain evidence of physical fitness showing that new employees can perform their assigned duties and are free from communicable disease, specifically tuberculosis, no more than 90 days before the new employee is presented to the Board. The cost of the required examination rests with the potential employee. 105 ILCS 5/24-5.

This section to be completed by the Employee:

Date of the exam: _____ Position: _____ School: _____

Employee's Name: _____

Employee's Address: _____
Street City State Zip Code

Employee's Signature: _____ Date: _____

*I hereby consent to disclosing the medical information contained in this Form to the appropriate personnel at the Valley View School District and consent to this Form remaining in my personnel file if I am hired by the Valley View School District.

*I hereby certify that the information contained in this Form is true and accurate to the best of my knowledge.

This section to be completed by the Physician:

Any known chronic or communicable diseases? _____

General Physical Condition: _____

	<u>Satisfactory</u>	<u>Not Satisfactory</u>		<u>Satisfactory</u>	<u>Not Satisfactory</u>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>

Tuberculin Test: When given (must be in past 90 days): _____ Negative Positive
If positive, X-ray must be taken before final recommendation: Date taken: _____ Result: _____

In your opinion, is this person in a fit condition to work with children? _____

Are there any conditions that need to be accommodated by the employer? If yes, please explain.

Is there any physical or mental condition which might interfere with the employee's job performance?

- Fit for work
- Fit for work, but recommend: _____
- Unfit for work (please explain): _____

Physician's Name: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____

For Use Only by Valley View School District Human Resources Department

Employee EIN: _____ Start Date: _____

Date Received in HR: _____ HR Representative's Initials: _____