the Giles and Leigh Public Schools of Norridge District Eighty

EMPLOYEE PHYSICAL EXAMINATION FORM

Name: _____ Position: _____

Address: _____ Phone Number: _____

City/State/Zip _____

*As a condition for employment with Norridge District 80, you must successfully pass an examination to determine that you are in good health and free of tuberculosis. In addition, you must provide the results of your TB skin test or chest x-ray, as well as the date on which it was performed, and read, within the last 90 days to comply with Illinois School Code.

*I hereby give consent to have further information that is requested by District 80 Employee Health Services released by the physician who examined me.

*I certify that my responses are complete and true to the best of my knowledge.

_____

Employee Signature/Date

TO BE COMPLETED BY PHYSICIAN: (PHYSICAL EXAMINATION MUST BE PERFORMED BY A PHYSICIAN LICENSED IN ILLINOIS OR ANY OTHER STATE TO PRACTICE MEDICINE AND SURGERY).

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: ____ Pulse: _____ Respiration: _____ B/P: _____

*Illinois School Code requires Norridge District 80 to screen employment candidates for tuberculosis. A TB skin test must performed within the last 90 days. The date the TB test was administered, the date the TB test was read and the results must be documented. Self-reading by employee is not acceptable. If the TB test is positive, a chest x-ray must be performed within the last 90 days. The date of the chest x-ray, results and initiation of treatment as necessary must be documented.

TB Test - Date Done: _____ Date Read: _____ Result: _____MM

If positive, chest x-ray done: ____ Result: _____ Date TB prophylaxis initiated: _____

SYSTEM	NORMAL YES/NO	IF ABNORMAL, COMMENTS:
Skin		
Eyes		
Ears		
Nose		
Throat/Dental		
Cardiovascular		
Respiratory		
Gastro Intestinal		
Genito-Urinary		
Neurological		
Musculosketal		
Other		

Summary of Findings:

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination. I hereby state that this employee is in good physical and mental health which is required to perform the essential functions of the position for which he/she is applying.

Print Name: _____ MD - DO Medical License #: _____

Address: _____ Signature: _____

1/1/2004