

Bloomington School District 13
164 Euclid Avenue
Bloomington, IL 60108

HEALTH EXAMINATION RECORD

NAME OF SUBSTITUTE TEACHER _____

CURRENT ADDRESS _____

REPORT OF PHYSICAL EXAMINATION

This individual has the physical fitness to perform the duties assigned.

Yes _____ No _____

RESPIRATORY SYSTEM

Any known or suspected tuberculosis in the home? _____

TB Test is required; please attach test results.

Please give a full description of any physical disability.

I hereby certify that I have examined the above named individual, that he/she is free from communicable disease, and that he/she is fit to work.

Date: _____

Physician's Signature: _____

Printed Name: _____

Address: _____