

Bloomington School District 13
164 Euclid Avenue
Bloomington, IL 60108
Ph: 630-893-9590 Fax: 630-893-1818

HEALTH EXAMINATION RECORD

NAME OF SUBSTITUTE TEACHER _____

CURRENT ADDRESS _____

REPORT OF PHYSICAL EXAMINATION

Please give a full description of any physical disability:

RESPIRATORY SYSTEM

Tuberculin Test is required
Please attach results

I hereby certify that I have examined the above-named individual, and this individual is free from communicable disease and is physically able to perform the duties of the above-mentioned position.

Date: _____

Physician's Signature: _____

Printed Name: _____

Address: _____