



STATEMENT of GOOD HEALTH

Illinois School Code (105 ILCS 5/24-5) requires that new employees show evidence of physical fitness to perform duties assigned and freedom from communicable disease. A TB test is also required for employees in a school that has preschool or kindergarten. This requirement is at the employee's expense.

Employee's Name: _____ Position: _____

Statement of Good Health

I, _____, a health care provider (physician, physician
(Health Care Provider Name – **printed**)

assistant, or nurse practitioner) licensed in Illinois or any other state to practice medicine in all its
branches, hereby certify that I examined the above-named person on _____
(Date)

and that he/she can perform the essential functions and duties of his/her position with or without
reasonable accommodations, and that at this examination he/she is free from communicable disease.

A TB test was performed at this time. Yes _____ No _____

(Health Care Provider Signature Required) (Date signed)

(Health Care Provider Street Address, City/State/Zip)

(Health Care Provider Phone)

Please return this form to the principal of the school at which you are employed.