



DIOCESE OF SPRINGFIELD IN ILLINOIS
OFFICE FOR CATHOLIC EDUCATION

DOCTORS: Return completed form to PATIENT ONLY.

PHYSICIAN'S STATEMENT of GOOD HEALTH

Employer Name: City:

Employee Name: Job Title:

Illinois School Code (105ILCS5/24-5) requires that new employees show evidence of physical fitness to perform duties as assigned and free from communicable disease.

PHYSICIAN'S STATEMENT OF GOOD HEALTH

I, Physician's Name- Printed, a physician licensed to practice medicine and/or surgery in all its branches, hereby certify that I examined the above-named person on Date and 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.

Physician's Signature- REQUIRED Date Signed

Address of Physician's Office Phone # of Physician's Office

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A test for tuberculosis is required for all newly hired employees in buildings with students under the age of 6. (effective August 2017):

A TB test was performed on: Results: Date

The results were checked by: Printed Name of Physician or Health Department Nurse

Signature of Physician or Health Department Nurse

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