



Mid-Valley Special Education Cooperative

Dr. Carla Cumblad, Executive Director

1304 Ronzheimer Avenue

St. Charles, IL 60174

Phone: 331-228-4873

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Employee Name (Please Print)

Position Title

Attach Physician's Business
Card or Stamp

**Certificate of Physical Fitness and
Immunity from Communicable Disease**

To: Employee and Physician

Requirement for Employment

Illinois School Code, 5/24-5 from Chapter 122 indicates "School Boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the employee."

Physician's Certificate

I certify that I have examined _____ and find this person is able to perform the duties assigned and is free from communicable disease.

Physician's Signature:

Address:
