



Regional Office of Education

Mason-Tazewell-Woodford Counties

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Statement of Good Health

The School Code (ILCS 105 5/24-5) states in part –

“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.....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.”

I hereby certify that _____ was seen in my office on _____ and meets the above requirements of physical fitness and freedom from communicable disease.

If a Tuberculin Skin Test result was performed, indicate here:

Date _____ Positive / Negative (circle one) mm. _____

(TB test is a requirement of some school districts/programs, check with the school districts you will be applying to sub at to see if they require it).

Printed Name of Medical Physician

Office Address

Signature Of Medical Physician

Office Phone Number