

**REGIONAL OFFICE of EDUCATION**

*Monroe & Randolph Counties*

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Chester, IL 62233  
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**KELTON DAVIS**  
REGIONAL SUPERINTENDENT  
OF SCHOOLS

**MARY ANN QUIVEY**  
ASSISTANT SUPERINTENDENT  
OF SCHOOLS

**SUBSTITUTE TEACHER MEDICAL INFORMATION**

LAST NAME	FIRST NAME	MI	SS# Last 4

**PHYSICIAN'S STATEMENT OF GOOD HEALTH**

Sec. 24-5 of the School Code states in part – "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis . . . presentation to the board and cost of such examination shall rest with the employee."

⇒ *Please complete this form or attach a physical examination form provided by your doctor.* ⇐

**PHYSICAL EXAMINATION**

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher without reasonable accommodations and that he/she is free of communicable diseases.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Name \_\_\_\_\_

Signature, M.D. \_\_\_\_\_

Address \_\_\_\_\_

**TUBERCULOSIS SKIN TEST**

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results (circle one): Negative    Positive

Physician Name printed \_\_\_\_\_

Physician Signature \_\_\_\_\_

*If x-ray is indicated, attach appropriate paperwork.*