



Certification of Health for School Personnel

The Illinois school code* requires that all new employees show evidence of physical fitness to perform duties assigned to them.

SECTION 1: To be completed by the Employee / Applicant

Full Name: _____

Job title: _____

Essential job functions: _____

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SECTION 2: To be completed by the Licensed Physician, Registered Physician's Assistant or Registered Nurse Practitioner

- I hereby certify that I have examined the above named person and confirm that this individual is free of communicable disease and able to perform the duties assigned as a Lake Forest Academy employee. I found no evidence of any physical condition that would conflict with the health, safety, or welfare of the pupils or would prevent the individual from working in a safe and healthful manner.

List limitations, restrictions, or comments if any:

Signature: _____

Date: _____

Full name: _____

Phone #: _____

Address: _____

*The Illinois School Code (105 ILCS 5/24-5) may found at <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K24-5>.