

Attach Physician's Business Card or
Stamp

Employee Name (please print)

Position Title

**Community Unit School District 303
St. Charles, Illinois**

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

Requirement for Employment

New employees must furnish evidence of physical fitness to perform assigned duties and freedom from communicable disease. All physical fitness examinations must be performed by a physician licensed in Illinois, or any other state, to practice medicine or surgery in any of its branches, or 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 by his or her supervising physician to perform health examinations. The employee must have the physical examination performed no more than 90 days before submitting evidence of it to the Board of Education.

Physician's Certificate

I certify that I have examined _____ on _____
Employee Name mm/dd/yy
and find this person is able to perform assigned duties and is free from communicable
disease.

Physician's Signature: _____ Date

Physician Name: _____

Physician's Address: _____

****Return to the Human Resources Department****