



# Sangamon-Menard County Regional Office of Education

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## SUBSTITUTE TEACHER MEDICAL INFORMATION

LAST NAME:	FIRST NAME:	SS # OR IEIN #:

### PHYSICIAN'S VERIFICATION OF GOOD HEALTH:

IL School Code (105 ILCS 5/24-5) (from Ch. 122, par. 24-5) Sec. 24-5:

School boards may require of new substitute teacher employees evidence of physical fitness to perform duties assigned and shall require of new substitute teacher employees evidence of freedom from communicable disease. Evidence may consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant not more than 90 days preceding time of presentation to the board, and the cost of such examination shall rest with the substitute teacher employee.

### PHYSICIAN'S VERIFICATION

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher with reasonable accommodations and that he/she is free of communicable diseases.

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

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

City/State: \_\_\_\_\_