



Health Exam Authorization Form

Last Name: _____ First Name: _____ Middle Name: _____

City/State/Zip: _____ Telephone Number: _____

Position: _____ Email: _____

Public Act 098-0716 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must provide 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 and surgery in all its branches, 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 to perform health examinations by his or her supervising physician. These results must be within the last 90 days to be in compliance with the Illinois School Code.

This portion to be completed by the Physician or Nurse Practitioner:

I hereby certify and state that _____ (Substitute Teacher) is in good physical health to perform the essential functions of the position of substitute teacher and is free from communicable disease.

Print Name: _____ Medical License #: _____

Phone Number: _____

Signature of Physician or Nurse Practitioner: _____ Date: _____