

**HAZEL CREST SCHOOL DISTRICT 152 1/2
HUMAN RESOURCES**

PHYSICAL EXAM

Name _____ Address _____ City _____

Position _____ School Name _____ School Year _____

The School Code of the State of Illinois is the legal document, developed by the state legislature, which regulates all public schools in Illinois. The School Code requires a physical examination.

Accordingly, you are required to have the form below completed by a licensed physician and returned to Human Resources prior to your first day of work.

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ SEX _____

1. Is there evidence of congenital back deformity? _____ Yes _____ No

If yes, please explain: _____

2. Is there evidence of back surgery? _____ Yes _____ No

If yes, please explain: _____

3. Is there evidence of any other surgery or accidental scar tissue? _____ Yes _____ No

If yes, please explain: _____

4. Is there any evidence of any birth defects? _____ Yes _____ No

5. If yes, please explain: _____

6. Additional findings/comments _____

7. Visual Activity: Right 20/ _____ Left 20/ _____ Blood Pressure _____

8. General Appearance	_____ Normal	_____ Abnormal	Findings
Eyes	_____ Normal	_____ Abnormal	_____
Ears	_____ Normal	_____ Abnormal	_____
Nose	_____ Normal	_____ Abnormal	_____
Throat	_____ Normal	_____ Abnormal	_____
Neck	_____ Normal	_____ Abnormal	_____
Lungs	_____ Normal	_____ Abnormal	_____
Heart	_____ Normal	_____ Abnormal	_____
Breasts	_____ Normal	_____ Abnormal	_____
Abdomen	_____ Normal	_____ Abnormal	_____
Reflexes	_____ Normal	_____ Abnormal	_____
Extremities	_____ Normal	_____ Abnormal	_____

PHYSICIANS'S CERTIFICATION

I hereby certify that I have examined _____ and find him/her to be fit for employment in the position for which he/she has been employed and to be free from all communicable diseases.

Date of Examination _____ **Name of Physician** _____

Address of Physician _____

Physician Signature _____ **Telephone Number of Physician** _____