

La Grange Area Department of Special Education
1301 W. Cossitt
La Grange, IL 60525-5358
708/354-5730 Fax: 708/354-0733

HEALTH EXAMINATION RECORD

THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Date of Physical Exam: _____

Employee's Name: _____

Address: _____

FITNESS FOR DUTY SECTION TO BE COMPLETED BY PHYSICIAN (See attached Job Description)

Any known chronic or communicable diseases? _____

General Physical Condition: _____

	<u>Satisfactory</u>	<u>Not Satisfactory</u>		<u>Satisfactory</u>	<u>Not Satisfactory</u>
Eye	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>
Ears	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
Nose	<input type="checkbox"/>	<input type="checkbox"/>	Urological	<input type="checkbox"/>	<input type="checkbox"/>
Throat	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Blood Pressure: Systolic _____ Diastolic _____		

Tuberculin Test: When Given: _____ Negative Positive

If positive, X-ray must be taken before final recommendation: Date taken: _____

Result: _____

In your opinion, is this person in a fit condition to work with children? _____

Are there any conditions that need to be accommodated by the employer? If so, please explain.

Is there any physical or mental condition which might interfere with the employee's job performance?

- Satisfactory for work
- Satisfactory for work, but recommend: _____
- Unsatisfactory for work (please explain): _____

Signature: _____ Date: _____

Address: _____

Please return to: Human Resources Office, LADSE, 1301 W. Cossitt, La Grange, IL 60525