



COMMUNITY UNIT SCHOOL DISTRICT 200
MEDICAL EXAMINATION / TB TEST RESULTS FOR NEW EMPLOYEES

The TB test must be completed within the 12 months prior to start date. The physical exam must be completed within the 3 months prior to start date.

EMPLOYEE NAME _____

POSITION _____ SCHOOL _____

PARTS 1 AND 2 MUST BE COMPLETED AND VERIFIED WITH SIGNATURES.

1. TUBERCULOSIS TEST RESULTS (REQUIRED)

SKIN TEST ADMINISTERED ON: _____ (Date required)

SKIN TEST RESULT (circle one): Negative Positive Results read on: _____ (Date required)

AND/OR (if required)

X-RAY RESULT (circle one): Negative Positive Results read on: _____ (Required if X-ray performed)

RESULTS READ BY: _____ (Signature Required)

2. STATEMENT OF GOOD HEALTH (REQUIRED)

I, _____, a physician duly licensed in Illinois or any other state (Physician's name - printed)

to practice medicine and surgery in all its branches, hereby certify that I examined the above-named person

on _____ and that he/she is able to perform the essential functions and duties of (Date)

his/her position with or without reasonable accommodations, and that he/she is free from communicable diseases.

(Date)

(Physician's Signature Required)

(Physician's Street Address)

(Physician's City/State/Zip)

(Physician's Phone)

Please return this form to: Community Unit School District 200
Human Resources Department
130 West Park Avenue
Wheaton, IL 60189
Phone: 630-682-2039 Fax: 630-682-2384