Carbondale Elementary School District No. 95

MEDICAL EXAMINATION / TB TEST RESULTS FOR NEW EMPLOYEES

The TB test must be completed <u>within the 12 months prior</u> to start date. The physical exam must be completed <u>within the 3 months prior</u> 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)

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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:

Carbondale Elementary School District No. 95
ATTN: Marilyn Tipton
925 S. Giant City Road
Carbondale, IL 62902
Phone: 618.457.3591 Fax: 618.549.7460