



# Regional Office of Education #21

Franklin-Johnson-Massac-Williamson Counties

## Lorie LeQuatte

Regional Superintendent of Schools

www.roe21.org



\_\_\_\_\_ Date

### Health Exam Form

\_\_\_\_\_ Name

\_\_\_\_\_ Social Security#

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Gender

\_\_\_\_\_ Age

\_\_\_\_\_ Ht.

\_\_\_\_\_ Weight

Allergies: \_\_\_\_\_

TB Test Results: \_\_\_\_\_ Date TB Test Read: \_\_\_\_\_

Past Illnesses: \_\_\_\_\_

Examiner's statement regarding physical condition, treatment, restrictions, special requirements:

\_\_\_\_\_  
\_\_\_\_\_

*I HEREBY CERTIFY that I have examined the above teacher or school employee and find him/her free of disease of a communicable nature and physically fit for employment*

\_\_\_\_\_ Date of Exam

\_\_\_\_\_ Address of Physician

\_\_\_\_\_ Physician Name (Please Print)

\_\_\_\_\_ Signature of Physician

Please return this form to one of our offices.

**Franklin Co. Office**  
901 Public Square  
Benton, IL 62812  
618-438-9711

**Johnson Co. Office**  
111 South 5th Street - P.O. Box 96  
Vienna, IL 62995  
618-658-3381

**Massac Co. Office**  
1102 West 10th Street  
Metropolis, IL 62960  
618-524-3736

**Williamson Co. Office**  
407 North Monroe Street - Suite 300  
Marion, IL 62959  
618-998-1283