



Lorie LeQuatte
Regional Superintendent of Schools

Health Exam Form

Date

Name

_____ Address _____ City _____ State

_____ Gender _____ Age _____ Height _____ 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

Physician Name (Please Print)

Signature of Physician

Address of Physician

Please return this form to one of our ROE #21 offices.

Franklin County
901 Public Square
Benton, IL 62812

Johnson County
111 S. 5th St./P.O. Box 96
Vienna, IL 62995

Massac County
109 E Fifth St.
Metropolis, IL 62960

Williamson County
502 W. Jackson St.
Marion, IL 62959