EVANSTON TOWNSHIP HIGH SCHOOL, DIST. 202
EVANSTON, IL 60204-3494

EMPLOYEE PHYSICAL EXAMINATION FORM

All potential employees of Evanston Township High School, District 202, must pass a physical examination to determine that they are in good health.

I CERTIFY THAT I MUST SUCCESSFULLY PASS A PHYSICAL EXAMINATION AND MUST NOT FALSIFY THIS OR ANY RELATED DOCUMENT TO AVOID JEOPARDIZING MY EMPLOYMENT AND PENALTY BY LAW.

_____ _____
Signature of Employee **Date**

TO BE COMPLETED BY PHYSICIAN
Physical examination must be performed by a physician licensed in Illinois or any other state to practice medicine and surgery

Patient Name: _____ Gender: _____ Date of Birth: _____

Date of Examination: _____ General Appearance: _____

Height: _____ Weight: _____ Allergies: _____

Temperature: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____

	NORMAL		
SYSTEM	**YES**	**NO**	**IF NO/ABNORMAL, PLEASE COMMENT**
SKIN			
EYES			
EARS			
NOSE			
THROAT/DENTAL			
CARDIOVASCULAR			
RESPIRATORY			
GASTRO INTESTINAL			
GENIRO URINARY			
NEUROLOGICAL			
MUSCULOSKELETAL			
OTHER			

Summary of findings and/or restrictions: _____

- I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination.
- I hereby state that this employee is in good physical and mental health that is required to perform the essential functions of the position for which he/she is applying.

Medical License Number: _____ State: _____

Print Name: _____ Signature: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Fax: _____