



**Health Exam Authorization Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
City State Zip E-Mail: \_\_\_\_\_

PA 96-1489 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must successfully pass an examination to determine that you are in good enough health to complete the job duties of a Substitute Teacher and that you are free of Tuberculosis. In addition, you must provide the results of your TB skin test or chest x-ray as well as the date on which it was performed and read. These results must be within the last 90 days to be in compliance with the Illinois School Code.

\_\_\_\_\_  
Applicant Signature Date

**TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER**

PHYSICAL APPEARANCE: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**TB TESTING:**  
\*\*\*Illinois School Code requires substitute teacher candidates to be screened for tuberculosis prior to employment. A TB skin test must be performed within the last 90 days. The date the TB test was administered, the date the TB test was read and the results must be documented below. Self-reading by employee is not acceptable. If the TB test is positive, a chest x-ray must be performed within the last 90 days. The date of the chest x-ray, results and initiation of treatment as necessary must be documented.

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_

If positive, chest x-ray done: \_\_\_\_\_ Result: \_\_\_\_\_ Date TB prophylaxis initiated: \_\_\_\_\_

Administered At: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name of Facility Phone Number

**SIGNATURE OF PHYSICIAN OR NURSE PRACTITIONER:**

I hereby certify and state that \_\_\_\_\_ is in good physical and mental health to perform the essential functions of the position of substitute teacher.  
(Name of Substitute Teacher)

Print Name: \_\_\_\_\_ Medical License #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_