Regional Office Of EDUCATION
HENDERSON, KNOX, MERCER AND WARREN COUNTIES
Serving our schools and communities.

KATHRYN JENNINGS
Regional Superintendent of Schools

EMILY ADOLPHSON
Assistant Regional Superintendent of Schools

PHYSICAL FORM

The Illinois School Code requires that substitute teachers employed by school districts in ROE #33 show evidence of physical fitness to perform duties assigned to them. Such evidence shall consist of a physical examination by a physician licensed in Illinois of any other state to practice medicine and surgery in all its branches, a licensed advanced practice nurse or a licensed physician assistant not more than 90 days preceding time of presentation. All applicable fees shall be the responsibility of the individual securing the substitute license.

I hereby certify that _____ meets the above requirement of physical fitness.

_____ _____
Date M.D. Signature

_____ _____
Address City, State Zip

Tuberculosis tests are required by all employees/substitutes that are in a ***Pre-K facility***.

This is to certify that the above named individual is free of tuberculosis. This is based on:

TUBERCULIN TEST GIVEN ON _____ indicating _____mm.

_____
M.D. Signature

_____ _____
Address City, State Zip

Date _____

Please return to by mail or email to:

Regional Office of Education #33
932 Harrison St.
Galesburg, IL 61401
Attn: Lindsay Higgerson
lhiggerson@roe33.net