



1343 E 7th St, Lockport, IL 60441
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Report of Physical Examination

Position: _____	Date: _____
Last Name: _____	First Name: _____
Address: _____	
City/State/Zip: _____	
Birth Date: _____	Age: _____ Gender: _____

Recommendations

Following your complete physical examination, do you find this prospective employee physically in:

good health? _____ in fair health? _____ in poor health? _____

Is there any condition of a chronic nature which will in any way hamper him/her in effectively performing the duties of his/her position? _____

If yes, explain: _____

If there is such a condition, is he/she following through on all recommended procedures necessary to correct or improve this condition?

Is the condition such that you would hesitate to recommend employment in a public school _____

Physician Office Name

Date of Examination: _____ Physician Name _____

Address _____ Phone Number _____