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## STATEMENT OF PHYSICAL FITNESS

A physical statement signed by a physician within one year of application is required.

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If the school nurse maintains records, the signature of the nurse verifying that a physical has been completed within the last year, and that no restrictions were noted, will be accepted.



Date of Physical \_\_\_\_\_

\_\_\_\_\_  
Signature of School Nurse



If the School Nurse does not maintain records, Please have your physician's office sign the CERTIFICATE OF PHYSICAL FITNESS form below.



### STATE OF ILLINOIS DEPARTMENT OF LABOR

### CERTIFICATE OF PHYSICAL FITNESS

*Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22*

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Description of Work Requested \_\_\_\_\_

Remarks: (Physical Fitness for Requested Work) \_\_\_\_\_

Name of Examiner \_\_\_\_\_ Signature of Examiner \_\_\_\_\_ Date \_\_\_\_\_

IL 452-0099 (6/95)

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