



SUBSTITUTE TEACHER MEDICAL INFORMATION

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| LAST NAME: | FIRST NAME: | SS # OR IEIN # |
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PHYSICIAN'S VERIFICATION OF GOOD HEALTH

Sec. 24-5 of the School Code states in part -- "School boards shall require of new employees evidence of physical fitness to perform duties assigned and freedom from communicable disease, including tuberculosis presentation to the board, and the cost of such examination shall rest with the employee."

PHYSICIAN'S VERIFICATION

I have determined that the above-named applicant is able to perform the essential functions and duties of the position of substitute teacher with reasonable accommodations and that he/she is free of communicable diseases.

Date _____ / _____ / _____

Physicians Name _____

Physicians Signature _____

Address _____

TUBERCULOSIS SKIN TEST

Results: (circle one): Negative Positive

Reading: _____

Physicians Name Printed _____

Physician Signature _____

COVID19 VACCINATION OR TESTING REQUIREMENT

COVID-19 Executive Order No. 87 states that all school personnel must provide one of the following: (1) a CDC COVID-19 vaccination record card or photograph of the card; (2) documentation of vaccination from a health care provider or electronic health record; or (3) state immunization records. **You must provide ROE26 with a copy or picture of your vaccination record in order to enter a school building as a substitute teacher.**

School Personnel who have not been fully vaccinated against COVID-19 must undergo testing for COVID-19 until they establish that they are fully vaccinated against COVID-19. **Substitute teachers who choose weekly testing will be required to show a negative test dated within the previous 7 days to the school district prior to substitute teaching in that district.**