

Note: The physical is at your cost if you are a Certified Staff Member or Substitute Teacher. You may choose your own physician. Information for Advocate-Sherman HealthCare is provided only as an *option* for you.

Advocate-Sherman Outpatient Centers

Elgin – Royal Blvd. 2320 Royal Blvd. Elgin, IL 60123	(224) 783-4440	Hours: M-F 6:00 a.m. – 9:30 p.m. Sat. 7:00 a.m. – 4:00 p.m. Sun. 7:00 a.m. – 4:00 p.m.
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Algonquin Facility 600 South Randall Road Algonquin, IL 60102	(224) 783-4300	Hours: Daily 6:00 a.m. – 11:00 p.m.
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South Elgin 2000 McDonald Road South Elgin, IL 60177	(224) 783-5000	Hours: M-F 6:00 a.m. – 9:30 p.m. Sat. 7:00 a.m. – 4:00 p.m. Sun. 7:00 a.m. – 4:00 p.m.
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COMMUNITY UNIT SCHOOL DISTRICT NO. 300

2550 HARNISH DRIVE
ALGONQUIN, IL 60102

EMPLOYMENT PHYSICAL

PLEASE CHECK ONE:
_____ Certified Staff (Self Pay)
_____ **X** Substitute (Self Pay)
_____ Volunteer Coach (District Pays at Sherman)
_____ Educational Support Staff (District Pays at Sherman)

I hereby authorize the examining physician to release the results of this examination and all tests to a representative of Community Unit School District No. 300

Name of Examinee (Please Print)

Signature of Examinee

I. IDENTIFYING DATA:

Name _____ Sex _____ Birth Date _____

II. GENERAL PHYSICAL CONDITION:

Height _____ Weight _____

Corrected

Vision *Uncorrected* Lt _____ Rt _____ Hearing _____ Heart _____

Blood Pressure:

Normal _____ High _____ Low _____

III. REQUIRED TEST:

<u>Test</u>	<u>Type</u>	<u>Date</u>	<u>Results</u>
Tuberculin	<i>Mantoux</i>	_____	_____
Albumen	<i>Urine Dip</i>	_____	_____
Sugar	<i>Urine Dip</i>	_____	_____
Cannabis	<i>5 Panel</i>	_____	_____
Cocaine	<i>5 Panel</i>	_____	_____

(over)

