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Date: \_\_\_\_\_

**EMPLOYMENT PHYSICAL**

Employee's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Weight \_\_\_\_\_ Allergy \_\_\_\_\_

Height \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Skin \_\_\_\_\_ Thyroid \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_

Eyes \_\_\_\_\_ Heart \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_

Orthopedic \_\_\_\_\_ Breast \_\_\_\_\_

Corrective Lenses \_\_\_\_ Yes \_\_\_\_ No Pelvic \_\_\_\_\_

Urinalysis (Recommended) \_\_\_\_\_ Tetanus (recommended) \_\_\_\_\_

**Proof of Mumps Immunity - REQUIRED**

(To include one of the following: 2 doses of vaccination, lab evidence (Mumps titer), or documentation of physician-diagnosed disease)

*This is NOT a requirement for Substitute Teachers*

Health Limitations \_\_\_\_\_

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

(Type or print physician's name) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

***EXAM IS TO BE SUBMITTED TO THE DISTRICT BOARD OFFICE WITHIN 30 DAYS OF EMPLOYMENT  
IF SUBSTITUTE TEACHER -- PHYSICAL IS REQUIRED BEFORE YOU BEGIN SUBBING – THANK YOU!***