Lincoln Elementary Schools #27
100 South Maple St., Lincoln, IL 62656

School Lunchroom Personnel Health Exam Form

Name:		
Address:	City/State/Zip:	
REPORT OF PHYSICAL EXAMINATION		
1. General physical condition		
2. Skin		
3. Vision		
4. Heart		
5. Hearing		
6. Hernia	Varicose Veins	
7. Nose and Throat		
8. Respiratory System		
Any known/suspected tuberculosis in home?		
Tuberculin Test	When given?	
Negative ____ Positive _____	If positive, was X-ray taken?	
Results		
9. Urinalysis	Albumen	Sugar
10. Summary of Findings: (Please check A or B) _____ A. I hereby certify that I have examined the above applicant and find this person physically capable of executing the duties required to be employed by District #27 in the Lunch Program. _____ B. I hereby certify that after examining the above person I find the applicant not physically capable of executing the duties required to be employed in the District #27 Lunch Program.		
Date of Examination:	By:	M.D.

Janielle Bunner, Director of School Lunchrooms ■ 735-4251 Mary Ahillen, Superintendent ■ 732-2522