

**REPORT OF PHYSICAL EXAMINATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

General Physical Condition: \_\_\_\_\_

Any Restrictions: \_\_\_\_\_

The above individual was seen in my office on \_\_\_\_\_  
(date of visit)

Based on the physical examination performed in my office, the above individual was found to be:

\_\_\_\_\_Physically fit to teach      \_\_\_\_\_Not physically fit to teach

I hereby certify that the above individual was seen in my office, and that this is verification of his/her examination.

Doctor signature: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

# **Physicians Immediate Care**

(affiliated with Presence Health)

**350 N. Kinzie (Rte. 50)**

**Bradley, IL 60915**

**Office Phone: 815-937-8788 / 815-348-9320**

**< Located next to the KCC North Campus. >**

**Clinic Hours: Monday thru Friday – 8 a.m. – 8 p.m.**

**Saturday and Sunday – 8 a.m. – 4 p.m.**

**PHYSICALS – Call for an appointment.**