



Office of Human Capital

Employee Services • 320 N Elizabeth St, 1st Floor • Chicago, IL 60607 • Phone (773) 553-1142 • Fax (773) 553-6665
Email EmployeeServices@cps.k12.il.us • www.cps-humanresources.org

Dear Prospective Employee:

The Chicago Public Schools (CPS) requires individuals to undergo a physical examination after an offer of employment has been made, but prior to hire. An essential part of this examination is a tuberculosis (TB) test. To expedite the processing of your medical information, please follow the instructions below for completing the attached Employee Physical Examination Form:

- Complete, sign and date the form. Be sure to print your name, the last four digits of your social security number, and contact information in the spaces provided along the left-hand side of the page.
- Present this form to a **licensed** physician. A licensed physician must examine you for this form to be valid.
- Ask your licensed physician to complete the remainder of the form after your physical exam has been performed. **Your physician must sign the form and include his or her name, address, telephone number and medical license number. Illinois School Code requires the CPS to screen employment candidates for TB. A TB skin test must have been performed within the last calendar year.** The date the TB skin test was administered, the date the TB skin test was read, and the results must be documented. Self-reading is **not** acceptable. If the TB skin test is positive, a chest x-ray must have been performed within the last calendar year. A printout with the date of the chest x-ray results and initiation of treatment as necessary must be documented on the form.
- Submit the original Employee Physical Examination Form (**not a photocopy or fax**) to HC Employee Services once all of the above steps have been completed. If any of the steps have not been completed, Employee Services will be unable to process your physical, which will delay your employment process.

Available health centers you may use to complete your physical examination and TB test are listed on the back of this letter for your convenience.

If you have any questions or concerns about this process, please call 773-553-1142 or e-mail EmployeeServices@cps.k12.il.us, and one of our representatives will be happy to assist you. Thank you for your attention to these matters.

Sincerely,

Veenu Verma
Employee Services Officer



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Options for Physical Exams/TB Tests

All costs for physical exams and TB tests are subject to change without notice. Please call the health centers listed below for an appointment and applicable fees.

LOCATION	FACILITY HOURS	NOTES
Circle Family Care 4909 West Division 773-921-8100	M – F 8:30 AM – 5:00 PM	Physicals and TB by appointment Payment based on income
Englewood Neighborhood Health Center 641 West 63 rd Street 312-747-7831	M, W, F 8:00 AM – 4:00 PM T, Th 10:00 AM – 6:00 PM	Physicals by appointment Payment based on income
Komed Home & Health Center 4259 South Berkeley Avenue 773-268-7600	M, T, Th, F 8:00 AM – 5:00 PM W 8:00 AM – 7:00 PM	Physicals by appointment No TB on Thursday Payment based on income
Lawndale Christian Health Center 3860 West Ogden 773-843-3000	M, T, Th 9:00 AM – 9:00 PM W, F, Sat 9:00 AM – 5:00 PM <i>TB Tests Mon through Fri 9:00 AM – 4:30PM</i>	Physicals by appointment TB tests may be walk-in Payment based on income
Lower West Health Center 1713 South Ashland 312-746-5157	M - F 8:00 AM – 4:00 PM	Physicals by appointment Physicals \$35 TB test \$20
University Of IL Miles Square Health Center 2045 West Washington 312-996-2000	M, Th, F 8:30 AM – 5:00 PM T 9:00 AM – 7:00 PM W 8:30 AM – 4:30 PM Sat 8:00 AM – 1:00 PM	By appointment or Walk-in Payment based on income (\$0 to \$65)
Roseland Neighborhood Health Center 200 East 115 th Street 312-747-9500	Mon through Fri 8:00 AM – 5:00 PM	Physicals by appointment For City of Chicago Residents only - State ID required Physical is \$35, TB is free with CPS form
South Chicago Department Of Public Health 2938 East 89 th Street 312-747-5285	M – F 8:00 AM – 4:00 PM	Physicals by appointment No TB on Thursday Physical with TB test is \$35
South Lawndale Department Of Public Health 3059 West 26 th Street 312-747-0066	M – F 8:00 AM – 4:00 PM	TB Test only, No adult physicals TB test is \$20 Call before visiting
Uptown Neighborhood Health Center 845 West Wilson 312-744-1938 For appt: 312-744-1602	M, W, F 8:00 AM – 4:00 PM T, Th 10:00 AM – 6:00 PM	Physicals by appointment Physical is \$35 and includes TB test
West Town Department Of Public Health 2418 West Division 312-744-7208 For appt: 312-744-0943	M, W, F 8:00 AM – 4:00 PM T, Th 10:00 AM – 6:00 PM	Physicals by appointment TB cost is \$20 Physical is \$35
Swedish Covenant Occupational Health Center 4753 North Elston 773-989-3845	M – F 8:00 AM – 6:00 PM Sat – 8:00 AM – 12:00 PM	Physicals \$45 TB test \$20 Appointment preferred
Peterson Occupational Health 2300 W. Peterson Ave. 773-910-9514	M – F 8:30 AM-4:30PM	Physicals and TB test \$43 By appointment only

FOR USE BY CPS HC EMPLOYEE SERVICES

ACCEPTED: _____
 INCOMPLETE: _____
 NOT ACCEPTED: _____
 SIGNATURE: _____

EMPLOYEE PHYSICAL EXAMINATION FORM

- As a condition for employment in the Chicago Public Schools (CPS) you must successfully pass an examination to determine that you are able to perform the essential functions of the position you have been offered and are free of tuberculosis (TB). In addition, your physician must provide the results of your TB skin test as well as the date on which it was performed and read. A TB skin test must have been performed within the last calendar year. If the TB skin test is positive; a chest x-ray must have been performed within the last calendar year. A printout with the date of the chest x-ray results and initiation of treatment as necessary must be documented on the form.
- I hereby give consent to have further information requested by the CPS Employee Services released by the physician who examined me.

 SIGNATURE OF EMPLOYEE

 DATE

TO BE COMPLETED BY PHYSICIAN: (Physical Examination must be performed by a licensed physician.)

DATE OF EXAMINATION: _____ GENERAL APPEARANCE: _____

HEIGHT: _____ WEIGHT: _____ ALLERGIES: _____

TEMPERATURE: _____ PULSE: _____ RESPIRATION: _____ B/P: _____

TB TEST*: DATE PLACED: _____
 DATE READ: _____ RESULTS: _____ MM
 IF POSITIVE, CHEST X-RAY: DATE COMPLETED: _____ RESULT: _____ DATE TB PROPHYLAXIS INITIATED: _____

- * Illinois School Code requires Chicago Public Schools to screen employment candidates for TB. A TB skin test must have been performed with the last calendar year. The date the TB skin test was administered, the date the TB skin test was read and the results must be documented. Self-reading by employee in **not** acceptable. If the TB skin test is positive, a chest x-ray must have been performed within the last calendar year. A printout with the date of the chest x-ray results and initiation of treatment as necessary must be documented on the form.

System	Normal		If No/Abnormal – Comments:
	Yes	No	
Skin			
Eyes			
Ears			
Nose			
Throat/Dental			
Cardiovascular			
Respiratory			
Gastro Intestinal			
Geniro Urinary			
Neurological			
Musculoskeletal			
Other			

SUMMARY OF FINDINGS: _____

I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination.
 I hereby state that this employee is in good physical and mental health that is required to perform the essential functions of the position for which he/she is applying.

MEDICAL LICENSE NUMBER: _____ STATE: _____

PRINT NAME: _____ M.D. /D.O.

SIGNATURE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ FAX #: _____

NAME: _____ LAST 4 DIGITS OF SOCIAL SECURITY #: [X][X][X][X] [X][X][X][X] [X][X][X][X] [X][X][X][X]

ADDRESS: _____ CITY: _____ STATE: _____ TELEPHONE #: _____ E-MAIL: _____