

Certificate Of Physical Fitness

Required by Section 55 of the Child Labor Law, 820 ILCS 206/55 (b)(4)(D)

Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP Code _____

Sex _____ Eye Color _____ Hair Color _____

Name of Employer _____

Address of Employer _____

City _____ State _____ ZIP Code _____

Description of Work Requested:

Remarks: (Physical Fitness for Requested Work):

Questions for Health Care Provider

a. Based on your examination, should there be any restrictions on the minor's work duties?

b. Based on your examination, does the minor need to be re-evaluated sooner than one year from the date of this examination before being allowed to continue work?

Name of Examiner _____

Signature of Examiner _____ Date _____