

Labor Enforcement Division

Certificate of Physical Fitness

As Required by Section 12, Paragraph 4, Child Labor Law of Illinois, Effective June 30, 1947.

Name \_\_\_\_\_ Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth \_\_\_\_\_

Sex \_\_\_\_\_ Complexion \_\_\_\_\_ Hair \_\_\_\_\_ Place \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Proof \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Kind of Work \_\_\_\_\_ Industry \_\_\_\_\_

Date Re-Examined \_\_\_\_\_ Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date Re-Examined \_\_\_\_\_ Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date Re-Examined \_\_\_\_\_ Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date Re-Examined \_\_\_\_\_ Date \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

REMARKS \_\_\_\_\_

NOTE: Issuing officer should fill in information at top of certificate and then have minor take certificate to examining physician for medical data, returning same to issuing officer for permanent record; for any re-examination, use this same certificate. This form is furnished by the Department of Labor, or may be reproduced.

LLE-265 IL 452-0099

MEDICAL DATA

Date Examined \_\_\_\_\_ Age \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Family History \_\_\_\_\_

Physical History \_\_\_\_\_

Examination \_\_\_\_\_ Development \_\_\_\_\_ Nutrition \_\_\_\_\_

Nose \_\_\_\_\_ Throat \_\_\_\_\_ Ears \_\_\_\_\_ Mouth \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Chest X-Ray \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Smallpox Vaccination \_\_\_\_\_ Diphtheria Immunization \_\_\_\_\_ Pediculosis \_\_\_\_\_

Special Examination \_\_\_\_\_

REMARKS: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Signed \_\_\_\_\_

Examiner. M.D.