

STATE OF ILLINOIS
DEPARTMENT OF LABOR
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 _____
Place Month Day Year Proof

Sex _____ Complexion _____ Hair _____ Kind of Work _____

Employer _____ Address _____ Industry _____

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 the same certificate. This form is furnished by the Department of Labor, or may be reproduced.

MEDICAL DATA

Date Examined _____ Age _____ Height _____ Weight _____
Year Month

Vision _____ Hearing _____

Family History _____

Physical History _____

Examination _____ Development _____ Nutrition _____

Nose _____ Throat _____ Ears _____ Mouth _____

Neck _____ Heart _____ Lungs _____ ChestX-Ray _____

Abdomen _____ Hernia _____

Smallpox Vaccination _____ Diptheria Immunization _____ Pediculosis _____

Special Examination _____

REMARKS: _____

Approved _____ Not Approved _____ Signed _____ M.D.
Examiner