

State Of Illinois, Department Of Labor

# Certificate Of Physical Fitness

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*Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Gender \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Description of Work Requested:

Remarks: (Physical Fitness for Requested Work):

Name of Examiner \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Date \_\_\_\_\_