

State Of Illinois, Department Of Labor

Certificate Of Physical Fitness

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

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):

Name of Examiner _____

Signature of Examiner _____

Date _____