

**CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL
K.S.A. 72-5213**

To be completed by the Applicant/Employee:
(Form to become part of the personnel file)

Name: _____ Social Security Number: _____

Address: _____ Birth date: _____
(Street, City and Zip Code)

Job Title: _____ Work Site: _____

**Tuberculin Testing Results
(To be completed by Health Care Professional)**

Test	Tuberculosis has been ruled out by:		Result
Mantoux/PPD	Date of Test	Date Test Read	mm induration
	_____	_____	_____
		(Positive)	
		(Negative)	_____
Chest X-Ray:	_____	_____	_____
		(Negative/Positive)	

Testing Conducted by: _____
(Health Facility)

Individual Who Read Test: _____
(Signature)

Physician's Statement

I have, this date, examined _____ and find no evidence of any physical condition
(Employee Name)
that would conflict with the health, safety, or welfare of the pupils or would prevent the individual from
working in a safe and healthful manner. List limitation or restrictions, if any.

Comments: _____

(Signature of Licensed Physician, Registered Physician's Assistant or Advanced Registered Nurse Practitioner) (Examination Date)

(Address)

Every board of education shall require all employees of the school district, who come in regular contact with the pupils of the school district, to submit a certification of health signed by a person licensed to practice medicine and surgery under the laws of any state on a form prescribed by the secretary of health and environment. The certification shall include a statement that there is no evidence of physical condition that would conflict with the health, safety, or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test. K.S.A. 1999 Supp.72-5213.