

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

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

Name: _____ Birthdate: _____

Address: _____

Job Title: _____ Work Site: _____

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Tuberculin Testing Results

(To be completed by Health Care Professional)

Tuberculosis has been ruled out by:

| Test | Date of Test | Date Test Read | Result |
|-------------|---------------------|-----------------------|-----------------------------------|
| Mantoux/PPD | _____ | _____ | _____ Mm induration (Positive) |
| | | | _____ (Negative) |
| Chest X-ray | _____ | _____ | _____ (Negative/Positive) |

Testing Conducted by: _____
(Signature) (Health Facility)

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Physicians Statement

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

(Signature of Licensed Physician, Registered Physicians Assistant or Advanced Registered Nurse Practitioner) (Exam 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, by a person who is a physicians assistant under the laws of this state...or by a person holding a certificate of qualification to practice as an advanced nurse practitioner under the laws of this 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. 2000 Supp. 72-5213.