

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

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

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Street, City and Zip Code)

Job Title \_\_\_\_\_ Worksite: \_\_\_\_\_  
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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)

Test Conducted by: \_\_\_\_\_ (Health Facility)

Individual Who Read Test: \_\_\_\_\_  
(Signature)

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Physician's Statement

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Licenses Physician)

\_\_\_\_\_  
(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 check x-ray or negative tuberculin skin test. K.S.A. 1999 Supp. 72-5213