

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 # _____

Address _____ Birthdate _____

Job Title _____ Worksite _____

Tuberculin Testing Results
(To be completed by Health Care Provider)

Tuberculosis has been ruled out by

Test	Administered	Read	Result
Chest X-Ray	_____	_____	(Negative) (Positive) (Negative/Positive)

Administered by _____

Read by _____
(Signature) (Health Facility)

Provider'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 or would prevent the individual from working in a safe and healthful manner.

List limitations or restrictions, if any.

Comments _____

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

(Address)

KSA 72-5213. Certification of health; ... (a) 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 on a form prescribed by the secretary of health and environment and signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is registered as a physician's assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery. 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....