

**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)

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: \_\_\_\_\_  
(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.