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

To be completed by the Applican	nt/Employe	e: (Form to become part of the personnel file)
Name		Social Security #
Address		Birthdate
Job Title		Worksite
		Cesting Results Health Care Provider)
Tuberculosis has been ruled out	by	
Test Administered	Read	Result
Mantoux/PPD		(Negative) (Positive) mm induration
		(Negative) (Positive)
Administered by		
Read by(Signature)		(Health Facility)
Provider's Statement		
would prevent the individual from List limitations or restrictions, if	nflict with t m working any.	the health, safety, or welfare of the pupils or
(Signature of Licensed Physician, Registered Phy		

(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....

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