

**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: \_\_\_\_\_

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**Tuberculin Testing Results  
(To be completed by Health Care Professional)**

Test	Tuberculosis has been ruled out by:		Result
Mantoux/PPD	Date of Test	Date Test Read	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.