

**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 \_\_\_\_\_

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
Mantoux/PPD	_____	_____	_____ mm induration (Negative) (Positive)
Chest X-Ray	_____	_____	_____ (Negative/Positive)

Administered by \_\_\_\_\_

Read by \_\_\_\_\_

(Signature)

(Health Facility)

**Provider's Statement:**

I have 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)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

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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