## 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
			Testing Results y Health Care Provider)
Tuberculosis	has been ruled out	by	
Test	Administered	Read	Result
Mantoux/PPE	)		(Negative) (Positive) mm induration
Chest X-Ray			(Negative) (Positive) (Negative/Positive)
Administered	by		
Read by	(Signature)		
	(Signature)		(Health Facility)
Provider's Sta	itement		
physical cond would preven List limitation	ition that would co t the individual from the or restrictions, i	onflict with om working f any.	and find no evidence of any the health, safety, or welfare of the pupils or g in a safe and healthful manner.
			ant 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....