

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

Home Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Street, City and Zip Code)

Job Title: \_\_\_\_\_ Work Site: \_\_\_\_\_

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**Tuberculin Testing Results**

(To be completed by the 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:	_____	_____	<b>(Negative/Positive)</b>
Testing Conducted by:	_____	_____	_____ (Health Facility)

Individual Who Read Test \_\_\_\_\_  
(Signature)

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**Physician's Statement**

I have, this date, examined \_\_\_\_\_ and find no evidence of any physical condition that would  
(Signature)  
conflict with the health, safety, or welfare of the pupil or would prevent the individual from working in a safety and  
healthful manner. List **limitations** or **restrictions**, if any.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Licensed Physician) (Examination Date)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

This medical evaluation has been **conducted** under the guidelines established by K.S.A. 72-5213 as indicated below:  
**Certification of health; form and contents; expense of obtaining. Every** board of education shall **require** all persons, whether employees of the school district or under the **supervision** thereof, 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. If at any **time** there is **reasonable** cause to believe that any such person is suffering from an illness detrimental to the health of the pupils, **if** the school board may require a new **certification of health**. The **expense of obtaining certification of health may be borne by** the board of education (1980). Revised, 5/95