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

Name			Social Security #	
Address			Birthdate	
Job Title			Worksite	
			Гesting Results Health Care Provider)	
Tuberculos	is has been ruled out	by	r P	
Test	Administered	Read	Result	
Mantoux/P	PD		mm induration	
Chest X-Ray		(Negative) (Positive) (Negative/Positive)		
Administer	ed by	<del></del>		
Read by			(Health Facility)	
Read by (Signature)			(Health Facility)	
Provider's S	Statement			
physical co would preve List limitati	ent the individual fro ons or restrictions, i	om working f any.	and find no evidence of any the health, safety, or welfare of the pupils or in a safe and healthful manner.	
		<del></del>		
			it or Advanced Registered Nurse Practitioner) (Exam Date)	
**************************************	(Ac	ldress)		

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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