

CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL

K.S.A.72-5213

Top Part To Be Filled Out By School Employee; Form to Be Filled in School Personnel Folder

Employee: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Position: \_\_\_\_\_ Home Address: \_\_\_\_\_

School: \_\_\_\_\_  
(Name) (City) (County)

.....  
To Be Completed By Physician

Date

Tuberculosis has been ruled out by: Negative Tuberculin test \_\_\_\_\_  
Negative chest x-ray \_\_\_\_\_  
(Repeat test not needed unless there is exposure of symptoms)

Physician's statement

I have, this date, examined \_\_\_\_\_ and find no evidence of any physical condition that would conflict with the health, safety, or welfare of the pupils

Comments:

\_\_\_\_\_  
(Licensed Physician) (Date)

\_\_\_\_\_  
(Address)

K.S.A. 72-5213. 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, the school board may require a new certification of health. The expense of obtaining certifications of health may be borne by the board of education. (1980)