

Due By: First Day of Work

Fax to Auburn-Washburn USD 437
(785) 339-4023
Attn: Lindsay Crawford
or email to crawflin@usd437.net

**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)

1

Name: _____ Last 4 Digits of SS #: _____
Address: _____ Birth Date: _____
Job Title: _____ Worksite: _____

***Tuberculin Testing Results**

(To be completed by Health Care Provider)

Tuberculosis has been ruled out by:

2

Test	Date Administered	Date Read	Results
Mantoux/PPD	_____	_____	_____ mm induration negative positive
Chest X-Ray (ONLY NEEDED IF POSITIVE FROM SKIN TEST)	_____	_____	negative positive

Administered by _____

Read by _____
(Signature) (Health Facility)

***Mini Physical - Provider's Statement**

(To be completed by Health Care Provider)

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 or would prevent the individual from working in a safe and healthful manner.

3

List limitations or restrictions, if any.

Comments:

(Signature of Licensed Physician, Registered Physician's Assistant 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 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. 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.

***Must be from within the last year**