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

Top Part To Be Filled Out By Student Teacher Candidate: Form to B				Be Filed in School Personnel Folder	
Name:					
WSU ID:					
Address:			Birthdate:		
School:					
	(Name)		(City)	(County)	
	(To l		Testing Results y Health Care Prov	vider)	
Tuberculosis has	s been ruled out by				
<b>Test</b> Mantoux/PPD	Administered	Read	Result (Negative)	(Positive) mm induration	
Chest X-ray	(Negative / Positive)				
Administered by	/				
Read by(Signature)				(Health Facility)	
condition that windividual from	, examined	e health, safety d healthful man	, or welfare of the	find no evidence of any physical pupils or would prevent the	
Comments					
(Signature of Licens	sed Physician, Registered	Physician's Assista	nt or Advanced Registo	ered Nurse Practitioner) (Exam Da	

K.S.A. 72-5213. Certification of health; (a) 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 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 y chest x-ray or negative tuberculin skin test.

(Address)