

# CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL

Expense of obtaining TB test and provider's signed statement is the responsibility of the employee.  
Completed forms can be faxed to (785) 339-4023 or emailed to Lindsay Crawford at  
crawflin@usd437.net.

## Section 1 - Employee Information

**1** Name: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Worksite: \_\_\_\_\_

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## Section 2 - TB Test Results | Section 3 - Provider's Signed Statement must complete both sections

Tuberculosis has been ruled out by:

Test	Date Administered	Date Read	Results
TB Skin Test	_____	_____	_____ mm induration    negative    positive
or Chest X-Ray	_____	_____	negative    positive

**2** Administered by \_\_\_\_\_ Read by \_\_\_\_\_  
Signature Signature  
\_\_\_\_\_  
Name of Health Facility

**3** I have examined \_\_\_\_\_ and find no evidence of any physical condition  
Employee's Name  
that would conflict with the health, safety, or welfare of the pupils or that would prevent the individual  
from working in a safe and healthful manner.

List limitations or restrictions, if any: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician, RPA, or ARNP Date  
\_\_\_\_\_  
Name of Health Facility

**KSA 72-6266.** 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.

Locations for TB Testing & Employment Physicals (Not DOT)

**minor med**

[minormedtopeka.com](http://minormedtopeka.com)

**1119 SW Gage**

**Topeka, KS 66604**

**(785) 272-4000**

**Weekdays 9 am - 8 pm**

**Weekends 1 pm - 5 pm**

**\*call clinic for pricing\***

Your Primary Care Physician

TB Testing Only

**Shawnee County Health Department**

[snco.us/HD/immunizations.asp](http://snco.us/HD/immunizations.asp)

**2115 SW 10<sup>th</sup>**

**Topeka, KS 66606**

**(785) 251-5700**

**\*see website for hours and call for pricing**

You may have to go to more than one location to complete the Certification of Health.