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

Name:					
Address: Job Title:					
			Worksite:		
	* <mark>Tuberculi</mark> r	Testing Results	& Provider Statement		
	(To be o	completed by He	alth Care Provider)		
Tuberculosis h	as been ruled out by:				
Test	Date Administered	Date Read	Results		
Mantoux/PPD			mm induration	negative	posit
Chest X-Ray			negative positive		
Read by(Signature)			(Health Facility)		
condition that		alth, safety, or we	and find no evidend		
List limitations	or restrictions, if any:				
(Signature of Licens	sed Physician, Registered Physician's	Assistant or Advanced	Registered Nurse Practitioner)	Date	

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

Possible TB Testing Locations

min+r med

1119 SW Gage
Topeka, KS 66604
(785) 272-4000
Weekdays 9 am - 8 pm
Weekends 1 pm -5 pm
call clinic for pricing

Shawnee County Health Department

2115 SW 10th
Topeka, KS 66606
(785) 251-5700
see website for hours

Your Primary Care Physician

Insurance may or may not cover associated costs.