

Due By: _____

Olathe School District #233
Type of Service: TB and Heath Exam
Send Results to: Human Resources

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: _____ Social Security # _____
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	_____	_____	(Negative) (Positive)

Administered by _____
Read by _____
(Signature) (Health Facility)

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: _____

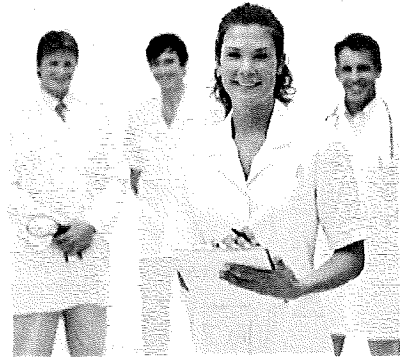
(Signature of Licensed Physician, Registered Physician's Assistant or Advanced Registered Nurse Practitioner) (Exam Date)

(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 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 in 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 by chest x-ray or negative tuberculin skin test Rev. 02/02

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Certification of Health Examination



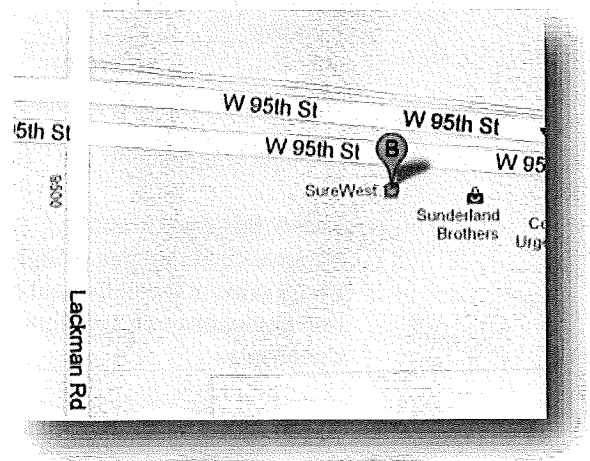
**Available Monday, Tuesday, Wednesday and Friday
8:00 a.m. to 4:00 p.m. – not available on Thursday**

A mini physical and tuberculosis screening are required by the state for the completion of Certificate of Health.

The tuberculosis screening may include a chest X-ray.

The costs are as follows:

- Certificate of Health Examination, Including tuberculosis skin test.....\$30
- Chest X-ray, 1 view (if needed).....\$81.25



Please bring exact cash for payment, as we do not make change. If you have any questions about the testing, please call.

14809 W 95th St. / Lenexa, KS 66215 / Phone (913) 894-6664