

Applicant/Employ	ee				
Name:			Employee ID Number:		
Home Street Address	:				
City:		State: Work Site:		Zip:	
Job Title:					
Tuberculin Testing To be completed by Health C					
Tuberculosis has been	ruled out by:				
TEST Mantoux/PPD: _		Date Test Read	Result	mm induration mm induration	(positive) (negative)
Chest X-Ray: _			Negative/Positive		-
Health Facility Condu	cting Test:				
Signature of Individua	al Reading:				
Physician Statemer	nt				
l have, this date, exami condition that would co safety and healthful m	onflict with the heal	th, safety, or welfare o	f the pupil or would p		
Comments:					
(Signature of Licens	ed Physician)		(Examina	ation Date)	
(Address)		(City)	(State)	(Zip)	
72-6266. Certification of health; form the pupils of the school district, to subn state, or by a person who is licensed as person holding a license to practice as a surgery. The certification shall include established by chest x-ray or negative tr pupils, the school board may require a r (b) Upon presentation of a signed stater are opposed to physical examinations, t and surgery under the laws of any state, practice medicine and surgery, or by a p person licensed to practice medicine an (c) Every board of education may requi	nit a certification of health on a fo a physician assistant under the law in advanced practice registered nu a statement that there is no eviden uberculin skin test. If at any time t new certification of health. ment by the employee of a school he employee shall be permitted to o, or by a person who is licensed as person holding a license to practic d surgery that freedom of the emp	rm prescribed by the secretary of healt ws of this state when such person is wo rse under the laws of this state when st ce of [a] physical condition that would there is reasonable cause to believe that district, to whom the provisions of sub submit, as an alternative to the certific a physician assistant under the laws of e as an advanced practice registered nu loyee from tuberculosis has been estat	And environment and signed by a per rking at the direction of or in collabor uch person is working at the direction conflict with the health, safety, or wu any such employee of the school dis section (a) apply, that the employee is ation of health required under subsect this state when such person is worki rse under the laws of this state when lished.	rson licensed to practice medic ation with a person licensed to of or in collaboration with a pe- elfare of the pupils; and that free trict is suffering from an illness s an adherent of a religious denc tion (a), certification signed by ng at the direction of or in colla such person is working at the di	ine and surgery under the laws of any practice medicine and surgery, or by rson licensed to practice medicine an edom from tuberculosis has been detrimental to the health of the prination whose religious teachings a person licensed to practice medicin boration with a person licensed to irrection of or in collaboration with a

(c) Every board of education may require persons, other than employees of the school district to submit to the same certification of health requirements as are imposed upon employees of the school district under the provisions of subsection (a) if such persons perform or provide services to or for a school district which require such persons to contact with the pupils of the school district. No such persons shall be required to submit a certification of health if the person space as a signed statement that the person is an adherent of a religious denomination whose religious teachings are opposed to physical examinations. Such persons shall be permitted to submit, as an alternative to a certification of health, certification signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is licensed as a physician 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 license to practice as a nadvanced practice registered nurse 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 license to practice as from tuberculosis has been established.

(d) The expense of obtaining certifications of health and certifications of freedom from tuberculosis may be borne by the board of education.