

CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL
K.S.A. 72-6266 (prior law 72-5213)

Top portion of this form is to be com-

Name: _____

WSU ID: _____

Home Address: _____ Birthdate: _____

School: Wichita State University

Tuberculin Testing Results
(To be completed by Health Care Professional)

Tuberculosis has been ruled out by:

Test	Administered	Read	Result	_____ mm induration
Mantoux/PPD	_____	_____	_____	