KDE/DSS KDESHS001

KENTUCKY DEPARTMENT OF EDUCATION MEDICAL EXAMINATION OF SCHOOL EMPLOYEES*

Name			Date of Birth	_//_	Sex: M _ F _	
Address		Telephone				
Applicant With	or Employed By				Board of Education	
		HISTO	<u>DRY</u>			
Medical (All ser	ious medical and psychiatric diseases:	diabete	es, epilepsy, heart di	sease, etc.)	
Surgical (All ma	ajor operations)					
family medical histo examination of an a		ion from ar not reques nployment	n applicant or employee. st, require or purchase the with a local school distric	The medical pis information	provider conducting this about the applicant or employee	
		PHYSI	<u>CAL</u>			
	opearance		_		Pulse	
	e & Throat					
4. Teeth & Gums						
5. Thyroid						
6. Heart			Other			
	Tuberculosis	Risk F	actor Assessme	<u>ent</u>		
∕es □ No [High risk for Tuberculosis infection	n				
∕es □ No [Referred to local health department	ent for fu	rther TB infection ev	aluation		
∕es □ No [Tuberculosis test performed (spe	cify:	TST/	BAMT	·)	
	Date of chest X-Ray					
	☐ No further follow-up unless s	igns/syn	nptoms of Tuberculo	sis infectio	n develop	
have examined	d	ar	nd find him/her free o	of commun	icable disease and	
any physical or	mental disabilities that might interfere v	with perfo	orming his/her duties	s, except as	s follows:	
ate of Examinate	ion	Sig	Signature (Physician/PA/ARNP)			

^{*} School Bus Drivers are required to use form TC94-35E.