

## Record of School Employee Examination

**Instructions:** Return the completed form to the appropriate school district. Wisconsin Stat. § 118.25(1)(6) is available at <https://docs.legis.wisconsin.gov/statutes/statutes/118/25>.

### Employee information

Name (Last, First, MI): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address – Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

### Results of Tuberculosis Risk Assessment Questionnaire

Use the Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire Screen for Wisconsin Public School Employees, form number F-02314A. **Do not attach questionnaire to this form.**

Practitioners keep a copy of the questionnaire and record recommendations on this form. Registered nurses and school nurses will provide a copy of the screening questionnaire to the school board per statute, and if there are TB risk factors identified on this screening questionnaire will confidentially recommend further examination by a licensed practitioner using this form.

☐ The above-named individual completed a tuberculosis risk assessment, and does not have risk factors, or if tuberculosis risk factors were identified, he/she has been examined and determined to be free of infectious tuberculosis. (*Practitioner*)

☐ The above-named individual completed a tuberculosis risk assessment, and does not have risk factors for tuberculosis.

**Signature** - Registered Nurse or School Nurse: \_\_\_\_\_

☐ The above-named individual is being recommended for further evaluation of tuberculosis by a licensed health care practitioner.

**Signature** - Registered Nurse or School Nurse: \_\_\_\_\_

### Practitioner's Recommendations and Certificate of School Employee Examination

I, certify, as the examining practitioner, licensed to practice in the State of \_\_\_\_\_, that I have examined the above-named school employee as required by statute on the following date, \_\_\_\_\_ and find the above-named individual

☐ To be free

☐ Not to be free

from tuberculosis in a communicable form at the time of examination on the basis of the questionnaire and/or examination.

Name of Examining Practitioner: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature** - Examining Practitioner: \_\_\_\_\_