



Pre-Employment Health Certification Form

EMPLOYEE INFORMATION:

Name: _____ Position: _____

School/Department: _____

CERTIFICATION STATEMENT:

Communicable, contagious disease is defined by the Tennessee Department of Health as an illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or animal, or through the agency of an intermediate animal host, vector, or inanimate environment. **Pursuant to Tennessee Code Annotated 49-5-405, no person who has any contagious or communicable disease in a form that might endanger the health of school children shall teach in any school.** The following list is derived from the Tennessee Department of Health *2024 Reportable Diseases*, which can be found [online](#):

- Cholera
- Congenital rubella syndrome
- Coronavirus disease (COVID-19)
- Diphtheria
- Group A Streptococcal invasive disease
- Haemophilus influenzae invasive disease
- Hepatitis A
- Influenza A: novel or pandemic
- Measles
- Meningitis, other bacterial
- Meningococcal disease
- Mumps
- Pertussis
- Plague
- Poliomyelitis
- Rabies
- Rubella
- Smallpox
- Tuberculosis
- Viral hemorrhagic fever
- Yellow Fever

My signature below certifies that, to the best of my knowledge, I do not have a communicable or contagious disease that would pose a risk to students, staff, or other individuals in the school district. I understand that this certification is required for my employment within the school district.

I acknowledge that if my health status changes and I am diagnosed with or believe I may have contracted a communicable or contagious disease, I will notify my supervisor immediately and follow the guidelines set forth by the school district regarding employee health.

I affirm that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

HUMAN RESOURCES VERIFICATION (for office use only)

I have reviewed this form and verified the employee's certification. The Human Resources Department is responsible for maintaining this completed form in the employee's personnel file.

Name: _____ Title: _____

Signature: _____ Date: _____