

<b>Administrative Directive Title:</b> <b>Health Certifications Prior to Employment</b>	<b>AD Number:</b> <b>5.106.1</b>	<b>Adopted:</b> January 2025
<b>Policy References:</b> <a href="#">Board Policy 5.106</a> – Application and Employment		<b>Revised:</b>

- 1 **HEALTH EXAMINATIONS**
- 2 Murfreesboro City Schools requires employees, prior to entering service, to verify, with the completion
- 3 of 5.106.1 Health Certification Form, that they do not have a contagious or communicable disease in
- 4 such form as might endanger the health of school children. Employees may be required to submit to a
- 5 physical examination by a physician, if deemed necessary by the district.
- 6 Employees in positions requiring a CDL (Commercial Drivers License) must comply with the
- 7 requirements of Board Policy 3.400 for physical examination requirements, to retain and renew the
- 8 required license. Employees working as Pre-K teachers and aides must comply with the State Board of
- 9 Education (Chapter 0520-12-1) physical examination requirements.



# 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: \_\_\_\_\_