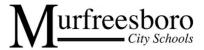


ADMINISTRATIVE DIRECTIVE

Administrative Directive Title: Health Certifications Prior to Employment	AD Number: 5.106.1	Adopted: January 2025
Policy References:		Revised:
Board Policy 5.106 – Application and Employment		

1 HEALTH EXAMINATIONS

- 2 Murfreesboro City Schools requires employees, prior to entering service, to verify, with the completion
- 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.



Murfreesboro Pre-Employment Health Certification

EMPLOYEE INFORMATION:	
Name:	Position:
School/Department:	
to an infectious agent or its toxic products which is from an infected person or animal, or through the a inanimate environment. Pursuant to Tennessee Cocontagious or communicable disease in a form the shall teach in any school. The following list is der 2024 Reportable Diseases, which can be found only a 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	gency of an intermediate animal host, vector, or ode Annotated 49-5-405, no person who has any nat might endanger the health of school children ived from the Tennessee Department of Health ine: 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 contagious disease that would pose a risk to student understand that this certification is required for my	ts, staff, or other individuals in the school district. I
I acknowledge that if my health status changes and contracted a communicable or contagious disease, I the guidelines set forth by the school district regard	will notify my supervisor immediately and follow
I affirm that the information provided above is true	and accurate to the best of my knowledge.
Signature:	Date:
HUMAN RESOURCES VERIFICATION (for only like the employer is responsible for maintaining this completed form	e's certification. The Human Resources Department
Name:	Title: