

# The Barron Area School District

**Barron High School**  
Phone 715-537-5627  
FAX 715-637-1603

**Woodland Elementary**  
Phone 715-537-5621  
FAX 715-637-9353

**Almena Elementary**  
Phone 715-357-3263  
FAX 715-357-6513

**Administrative Office**  
**100 West River Avenue**  
**Barron, Wisconsin 54812**  
**Phone 715-537-5612**  
**FAX 715-637-5161**



**Riverview Middle School**  
Phone 715-537-5641  
FAX 715-637-5373

**Dallas Early Learning Center**  
Phone 715-837-1180  
FAX 715-837-1201

**Ridgeland-Dallas Elementary**  
Phone 715-949-1445  
FAX 715-949-1617

*The mission of the Barron Area School District is to ensure all students reach their dreams while making a positive impact on the world.*

Memo

To: New Employees

From: Central Office

Re: Employee Physical

The State of Wisconsin requires all new school employees to have a physical examination or submit proof of examination in the past 90 days of their date of employment per Section 118.25 Wis. Stats. The examination must include a tuberculin skin test and/or chest x-ray.

If you go to the Midelfort Clinic - Barron office, the exam will be given to you at no cost. To make an appointment call 537-3166 and tell them that you need to schedule an employment physical for the Barron Area School District. The Barron Midelfort Clinic will bill the school district. **If you choose to go to your own doctor at a clinic other than the Barron Midelfort Clinic, any charges incurred will be at your own expense.** After the physical form is completed and signed by a doctor, please return it to Central office.

If you have any questions, call Jill or Sue at Central office - 537-5612.

**RECORD OF SCHOOL EMPLOYE EXAMINATION**  
 ss. 118.25(2)(a)(b)(c), 4, 5, and 6—Full text printed on reverse—as amended

\*As a condition of employment, the school board shall require a physical examination, including a chest X-ray or tuberculin test, of every school employe of the school district. Freedom from tuberculosis in a communicable form is a condition of employment.

(Section 118.25(2)(a) of the Wisconsin Statutes)

**GENERAL INFORMATION**

Employee Name	Birthday (Mo./Day/Yr.)
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Address Street, City, State, Zip

**I. RESULTS OF SCREENING AND DIAGNOSTIC PROCEDURES FOR TUBERCULOSIS**

A negative tuberculin skin test (less than 10 mm, induration) or a negative chest x-ray will satisfy state requirements. If the tuberculin test is positive (10 mm or greater induration) a 14x17 chest x-ray must be taken. If a chest x-ray is suspicious for tuberculosis, then additional studies should be performed to determine a diagnosis. Refer to the *Tuberculosis Reference Handbook for Local Public Health Agencies* for additional information.

A. Mantoux Tuberculin Test		B. Chest X-ray	
Date Applied	Date Read	Date of X-ray	Place Taken
Result  _____ mm of induration		Interpretation <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Abnormal, recommend additional studies to rule out active disease	

C. Are there any significant findings which may influence this individual's effectiveness as a school employe?

- No       Yes *If yes, Please Indicate Result(s) of Findings and Recommended Follow-Up.*

**II. PHYSICIAN'S RECOMMENDATIONS AND CERTIFICATE OF SCHOOL EMPLOYE EXAMINATION**

**THIS WILL CERTIFY THAT I,** the examining physician; licensed to practice medicine in the State of Wisconsin, have examined the above named school employe as required by statute on \_\_\_\_\_, 19 \_\_\_\_, 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 examination  I do  I do not recommend this person as physically suitable for employment. The individual named herein has been informed of these recommendations.

Name of Examining Physician

Signature  ➤	Date
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