

TUBERCULOSIS SCREENING FORM

CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL

To be completed by the Applicant/Employee: (Form to become part of the personnel file)

Name _____ Date of Birth _____

Address _____

Position _____

Tuberculin Testing Results (To be completed by Health Care Provider)

Tuberculosis has been ruled out by

Test	Administered	Read	Result
PPD	_____	_____	_____ (Positive/Negative)

Chest X-Ray _____ (Negative/Positive)

Administered by _____

Read by _____

(Signature)

Health Care Providers (HCP) Information:

The certification shall include a statement that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test.

I certify the accuracy of the dates and results on this form:

HPC's Signature _____

(Signature of Licensed Physician, Registered Physician's Assistant or Advanced Registered Nurse Practitioner)

HCP's Facility/Address /Stamp

Phone Number: _____