

Arlington Unitarian Cooperative Preschool

4444 Arlington Boulevard
Arlington, Virginia 22204
703-892-3878

TUBERCULOSIS SCREENING CERTIFICATE FOR TEACHERS AND CO-OPING PARENTS

Name _____ Date of Birth _____

The above-named individual was evaluated for tuberculosis and the results are as follows (check one):

- A tuberculosis skin test (PPD) or blood test is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.
- The individual had a tuberculosis skin test (PPD) on _____ date that showed no evidence of active tuberculosis.
- The individual has a history of positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.
- The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.
- The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.
- The individual had an IGRA test, results of which are attached to this form.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature _____ Date _____
(MD or Health Department Official)

Name of Doctor or Health Facility _____

Address _____

Telephone _____