



Prince William County Public Schools (PWCS) Report Form for Tuberculosis (TB) Testing/Screening

The Code of Virginia (22.1-300) requires a **signed and dated** statement from a licensed nurse, physician, or public health official certifying that employees are free from communicable tuberculosis (TB). The following Tuberculosis Test Result or Symptom Assessment form may be used to report the TB certification.

TB TEST RESULTS MUST BE BROUGHT IN HAND AT YOUR FINGERPRINT SESSION

SECTION 1 – Applicant/Employee Information *(To be completed by the applicant/employee)*

Name *(Please print)*: _____

Last 4 digits of SSN or PID No: _____ Phone # _____

I attest that the information I provide will be accurate to the best of my knowledge.

Applicant/Employee Signature Date

SECTION 2 – Tuberculosis Symptom Assessment Tuberculosis Results

(To be completed by a Nurse, Physician, or Public Health Official)

Prior history of BCG vaccination against TB? ___No ___Yes Specify Year:_____

___ Cough for more than three weeks ___ Unexplained chest pain

___ Unexplained fever ___ Night sweats

___ Coughs up blood ___ Poor appetite

___ Unexplained weight loss ___ Fatigue

SECTION 3 - Tuberculosis Results *(To be completed by a Nurse, Physician, or Public Health Official)*

Date of Test/Screening Results : _____
(Date must be within last 12 months)

Test Results (Circle One) Negative Positive

Type of Test (Circle One) Screening PPD Tine X-ray

Is this person free from communicable tuberculosis? (Circle One) YES NO

Comments: _____

Physician, Nurse or Public Health Official who completed the above TB assessment/testing :

Print Name Physician, Nurse, or Public Health Official: _____

Facility Name: _____

Address: _____

Telephone No. with area code: _____

Signature of Physician, Nurse, or Public Health Official Date

Freedom from communicable tuberculosis performed within the last 12 months must be clearly indicated above with proper signature and facility information to be accepted by PWCS.

YOU MUST BRING YOUR TB RESULTS WITH YOU TO BE FINGERPRINTED.