



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

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

TB TEST RESULTS MUST BE BROUGHT, IN HAND, TO 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 for this assessment is 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 Result (Circle One)	Negative	Positive		
Type of Test (Circle One)	Screening	PPD	Tine	X-Ray
Is the 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.

TB RESULTS ARE TO BE BROUGHT TO PWCS FINGERPRINT/MANDATE SESSION.



Local Tuberculosis (TB) Information and Testing Locations

As mandated by the Code of Virginia, § 22.1-300, as a condition of employment, every public-school employee shall submit a certificate, signed by licensed physician or by a registered licensed nurse, certifying that they appear to be free from communicable tuberculosis (TB). The following provides some additional guidance on obtaining a TB result.

- **WHO CAN PERFORM THE TB SCREENING/TESTING?** Candidates may obtain the medical statement from their own physician, a health clinic, or any medical facility that performs such services and meets the medical credential requirements.
- **TYPES of SCREENING/TESTING:** The licensed physician or registered nurse may require a TB risk assessment (questionnaire), TB skin PPD test, X-ray, or other examinations deemed necessary. PWCS accepts *any* approved method, including the TB risk assessment.
 - Medical facilities that offer the TB risk assessment (questionnaire) may be able to perform the TB assessment in *one* visit. Local facilities offering the TB risk assessment TBs are highlighted below.
 - The TB skin PPD test requires *two* office visits, one to administer the skin test and a second visit, 48 hours to 72 hours later, to have the test read.
- **FORM:** The licensed physician or registered nurse may submit a statement on any medical office stationery or form that clearly identifies the assessor, their credentials, office location, and signature, as well as, the individual assessed, the result of the TB assessment, and *date* the assessment was completed.
- **DATE:** Negative TB results acquired within the last 12 months may be accepted.
- **COST:** Any costs incurred from this medical evaluation are at the *candidate's expense*.

The following chart lists known PWC locations that offer the TB Assessment, by day of week. No appointment is necessary. Testing times, costs, assessment types, and locations are subject to change. Please call ahead to verify. Please notify our office at hr@pwcs.edu if you identify any information that needs to be updated and/or if a medical organization is located in PWC that would like to be added to this list.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.1797 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.1797 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.1797 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.1797 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.179 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.179 • 14800 Lee Highway, Gainesville 703.743.7017 	Patient First \$30 assessment \$49 skin test 8am-8pm <ul style="list-style-type: none"> • 2199 Old Bridge Rd, Lake Ridge 703.357.9707 • 9715 Liberia Ave, Manassas 571.229.1797 • 14800 Lee Highway, Gainesville 703.743.7017