

## Prince William County Public 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

Name (Please print):			<del> </del>	
Last 4 digits of SSN or PID No.	:	Phone #:		
I attest that the information I pro				
Applicant/Employee Signature		ate		
SECTION 2 – Tuberculos (To be completed by a Nurse, Physicia			culosis Resu	ılts
Prior history of BCG vaccinatio	n against TB?	NoYes	Specify Year	r:
Cough for more than	three weeks	Unexpl	lained chest pa	in
Unexplained fever	_	Night sv	veats	
•		Poor appetite		
Coughs up blood	_	Poor ap	petite	
Coughs up blood Unexplained weight le	oss _	Poor ap	•	
		Fatigue	;	lic Health Officia
Unexplained weight lo	sis Results (To be com	Fatigue	Physician, or Pub	
Unexplained weight loss SECTION 3 – Tuberculos	sis Results (To be com	Fatigue	Physician, or Pub	
Unexplained weight loss SECTION 3 – Tuberculos Date of Test/Screening Results	sis Results (To be comes:  Negative	Fatigue  Fatigue	Physician, or Pub	
Unexplained weight least SECTION 3 – Tuberculos Date of Test/Screening Results Test Result (Circle One)	Sis Results (To be comes:  Negative  Screening	Fatigue  Fatigue  pleted by a Nurse, I  Positive  PPD	Physician, or Pub (Date must be wi	thin last 12 month  X-Ray
Unexplained weight leads SECTION 3 – Tuberculos Date of Test/Screening Results Test Result (Circle One) Type of Test (Circle One)	sis Results (To be comes:  Negative  Screening  unicable tuberculosis	Fatigue  Positive  PPD  (circle one) YE	Physician, or Pub (Date must be wi	thin last 12 month  X-Ray
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Unexplained weight leads SECTION 3 — Tuberculos Date of Test/Screening Results Test Result (Circle One)  Type of Test (Circle One)  Is the person free from common Comments:	Sis Results (To be comes:  Negative  Screening  unicable tuberculosis	Positive PPD (circle one) YE	Physician, or Pub (Date must be wi	X-Ray O

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 <u>any</u> 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*.

Below are Patient First locations that offer the TB Assessment any day of the week. No appointment is necessary. Testing times, costs, assessment types, and locations are subject to change.

## **PATIENT FIRST LOCATIONS**

2199 Old Bridge Rd. Lake Ridge, VA 703-357-9707 8am - 8pm 9715 Liberia Ave. Manassas, VA 571-229-1797 8am - 8pm

14800 Lee Highway Gainesville, VA 703-743-7017 8am - 10pm

If you currently do not participate in a medical benefit program, you may opt to visit: Mason & Partners Free Clinic for **UNINSURED** individuals.

Clinic locations: 99 Tremont St. Manassas Park, VA 20111 \* 3400 Charles St. Falls Church, VA 22041

https://publichealth.gmu.edu/mapclinics