

PETERSBURG CITY PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT
TUBERCULOSIS FORM

You can have the test performed by:

- Your personal health care provider
- Your local health department

Name: _____
(Last) (First) (Middle)

Last Four of Social Security Number: _____

Address: _____
(Street) (City) (State) (Zip)

On basis of chest x-ray, skin test, and other examinations, singly or in combination, I hereby certify that the above named is believed free of communicable tuberculosis, this date.

Signature of Practitioner

Date

Printed Name of Practitioner

Tuberculin Skin Test

Date Given _____

Date Read _____

Chest X-ray

Date of positive skin test _____

Date X-ray Taken _____