

NORTHERN CALIFORNIA CONFERENCE
TB Examination VERIFICATION

Name: _____ Phone: _____

Address: _____

School: _____

A prospective employee shall provide written proof signed by the conducting physician that an examination, conducted **within the last 60 days preceding date of employment** has determined that the employee is free from communicable tuberculosis. Written proof shall be **filed every four years** after initial employment. *Only designated staff will have access to the completed form. This form will be stored in a locked file Education Code E10-124.12.*

TUBERCULIN TEST		
PPD Skin Test: Date Read: _____ Positive _____ Negative _____	OR	Chest X-Ray: Date: _____ Results: _____
Physician's Name: _____ Date: _____		
Address _____ Phone: _____		
Physician's Signature _____		

IF NO TEST IS PERFORMED: ATTACH THE SIGNED CERTIFICATE OF CLEARANCE FOLLOWING RISK ASSESSMENT (PROVIDED BY THE MEDICAL OFFICE)

NCC - Office of Education
2100 Douglas Blvd.
PO Box 619015
Roseville, CA 95661
Phone: 916-886-5654
FAX: 888-616-8363

