

**NORTHERN CALIFORNIA CONFERENCE**  
**TB Examination VERIFICATION**

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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.*

<b>TUBERCULIN TEST</b>		
<b>PPD Skin Test:</b> Date Read: _____ Positive _____ Negative _____	<b>OR</b>	<b>Chest X-Ray:</b> 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  
P.O. Box 619015  
Roseville, CA 95661  
916-886-5645

