



Name

Social Security Number

**CERTIFICATION OF EXAMINATION
FOR TUBERCULOSIS**

This is to certify that the person named above was administered a test for the disease of tuberculosis. As a result of this examination using the procedure indicated below, I found the following:

EXAMINATION FINDINGS :

_____ The person was found to be free of active tuberculosis.

_____ The person was found to have active tuberculosis.

EXAMINATION PROCEDURE:

TUBERCULIN SKIN TEST

Test administered on _____
Date

Test read on _____
Date

RESULT: Negative reaction_____

Positive reaction_____

*******OR*******

CHEST X-RAY

Chest X-ray administered on _____ X-ray read on _____
Date Date

Date

RESULT: Normal chest findings _____

Abnormal chest findings _____

Physician's Signature - MD/DO License #

Date

OR

Licensed Medical Practitioner

Date