

INFORMATION/RESOURCE LIST - TB skin testing & positive tests

<u>Carrollton-Farmers Branch ISD requires that an employee have a negative TB test</u> <u>results (skin test or chest x-ray) within the previous 12 months from date of hire.</u>

If you have had a skin test and it was read as a positive test, you will need to obtain a chest xray with written date and results from a health care provider or clinic. If you have had a positive skin test in the past, do not do the skin test, you will need to go ahead and schedule a chest x-ray.

The TB skin test or x-ray (if needed) will be at your expense.

Some local providers in Carrollton and the nearby Dallas area are:

- <u>CareNow 972-939-9495</u> Mon-Fri 8am-10pm; Sat: 8am-8pm; Sun: 9am-5pm 1017 W. Hebron Pkwy (shopping center near Hebron & Old Denton). Carrollton, TX 75010 – 23 Locations in DFW area <u>www.CareNow.com</u> TB test: \$14 (eff. 5/01/14) - chest x-ray: call for current cost.
- U.S. Health Works 972-236-1941 Mon-Fri 8am-5pm no tests on Thursdays! 1837 W. Frankford Rd., Suite 116 Carrollton, TX 75007 TB test: \$19 (eff. 5/1/2014) - chest x-ray: call for current cost.
- Concentra Health Center 972-484-6435 Mon-Fri. 8am-9pm; Sat. 10am- 6 pm 1345 Valwood Pkwy, Ste 306, Dallas, TX 75006 TB test: \$39.50
 www.concentra.com 16 Locations in the DFW area
- Meighborhood Medical Clinic 972-726-6464 Mon Sat. 8am-10pm; Sun. 9am-6pm 5917 Beltline Rd, Dallas, TX 75254 TB test: \$25
- 5. <u>Performance X-Ray 214-328-1005</u> 10611 Garland Rd. Suite 221, Dallas, TX. 75281 (Radiology School) Chest X-Ray - \$40.00

Identify yourself as a C-FB ISD employee

Please return to Fine Arts Department. iapaluccip@cfbisd.edu



Name (Please Print)

Campus

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

Date administered:		Date read:	
RESULT:		Positive reaction *****OR***** HEST X-RAY	
Chest X-ray administered on Date		X-ray read on Date	
RESULT: Normal chest findings		Abnormal chest findings	
Physician's/Licensed Medical Practitioner Signature - MD/DO License #			Date
Clinic Name and address:			

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