

Surry County Public Schools

45 School Street / P. O. Box 317
Surry, VA 23883
Office: (757) 294-5229 • Fax: (757) 294-3534

TUBERCULOSIS EXAMINATION

Physician's Certificate – Public School Employee

NAME: _____

ADDRESS: _____

SEX: _____ DATE OF BIRTH: _____

On basis of a **TINE TEST, CHEST X-RAY, EXAMINATION**, and/or **ASSESSMENT**, I hereby certify that the above named individual is believed to be free of communicable tuberculosis on this date.

SIGNED _____, MD

ADDRESS _____

DATE _____ TELEPHONE _____

I am a licensed physician in _____ (state or district) United States

This form is suggested for use under provisions of the Code of Virginia, as amended.

Office of the Superintendent

Note: Tuberculosis examinations should be completed within first 60 days of employment.