



School Employee/Individual Certificate of Evaluation for Tuberculosis

Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____

Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual _____ Date employed _____

TEST RESULTS	TUBERCULIN SKIN TEST _____ <small style="margin-left: 100px;">Date Given</small> 5 TU PPD MANTOUX METHOD _____mm _____ <small style="margin-left: 100px;">Date Interpreted</small>	CHEST X-RAY Date _____ Interpretation _____	REMARKS
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD ¹ <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ ¹ <input type="checkbox"/> Preventive treatment started _____ but not completed ² <input type="checkbox"/> Preventive treatment not prescribed/refused ² <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____ <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non-contagious as of _____ and medically cleared to start/resume school/other employment on _____ ¹ No further routine screening required. ² Remains at lifelong risk of developing tuberculosis.		
CERTIFICATION	<input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979. <input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above. Physician's Signature _____ Date _____		

DHEC 1420 (08/1998) **DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.**



School Employee/Individual Certificate of Evaluation for Tuberculosis

Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____

Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual _____ Date employed _____

TEST RESULTS	TUBERCULIN SKIN TEST _____ <small style="margin-left: 100px;">Date Given</small> 5 TU PPD MANTOUX METHOD _____mm _____ <small style="margin-left: 100px;">Date Interpreted</small>	CHEST X-RAY Date _____ Interpretation _____	REMARKS
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD ¹ <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Preventive treatment started _____ and completed _____ ¹ <input type="checkbox"/> Preventive treatment started _____ but not completed ² <input type="checkbox"/> Preventive treatment not prescribed/refused ² <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____ <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non-contagious as of _____ and medically cleared to start/resume school/other employment on _____ ¹ No further routine screening required. ² Remains at lifelong risk of developing tuberculosis.		
CERTIFICATION	<input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979. <input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above. Physician's Signature _____ Date _____		

DHEC 1420 (08/1998) **DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.**