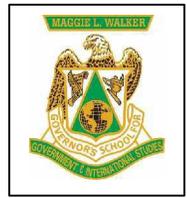


**MAGGIE L. WALKER GOVERNOR'S SCHOOL**  
**FOR GOVERNMENT AND INTERNATIONAL STUDIES**



Mail To: Human Resources at MLWGS 1000 North Lombardy St. Richmond, VA 23220

**CERTIFICATE OF TUBERCULOSIS SCREENING-THIS FORM CAN BE COMPLETED BY THE  
 MLWGS NURSE IN THE SCHOOL CLINIC**

To be completed by Employee or Volunteer

Name:(Last, First, Middle) \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth: (mm/dd/yy) \_\_\_\_\_ Position applying for: \_\_\_\_\_

To be completed by Medical Professional. Content of Evaluation:

TB Risk Assessment Date: \_\_\_\_\_

TB Risk Assessment Type: \_\_\_\_\_

Tuberculin Skin Test PPD Date: \_\_\_\_\_ mm Positive \_\_\_\_\_ Negative \_\_\_\_\_

Chest x-ray Date: \_\_\_\_\_ Results: \_\_\_\_\_

Other (specify) \_\_\_\_\_

- The above named individual appears to be free of communicable tuberculosis.
- The above named individual has a history of tuberculosis infection but is currently free of symptoms suggestive of active tuberculosis. There is no indication for further testing or treatment at this time. This individual appears to be free of tuberculosis in a communicable form.
- The above named individual has history of tuberculosis disease which has been treated and cured. There is no indication for further testing or treatment at this time. This individual appears to be free of tuberculosis in a communicable form.

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature) Physician or Registered Nurse

**REGULATION REGARDING TUBERCULOSIS CERTIFICATE**

§ 22.1-300. Tuberculosis certificate.

As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ [54.1-3016](#) et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment.

- If you have had a TB test within the past twelve months, you may submit a copy of the test results that include your name, date, test result, and physician's signature.