

**School of Education**

**Office of Clinical Experiences and Student Services**

**Application - Tuberculosis Test**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address, City, State & Zip Telephone: *Home:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Work:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Cellular Phone:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  Requested for (please check one) Fall\_\_\_\_\_ Spring\_\_\_\_\_ Year\_\_\_\_\_On the basis of chest X-ray, test, and/or examinations, I hereby certify that the student identified at the top of this page is diagnosed to be free of communicable tuberculosis as of the date below.I am a licensed physician in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State or District), United States of AmericaDate:\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Virginia State Law requires the education candidate to return this TB Certification to the Office of Clinical Experiences and Student Services prior to the field experience.The test is to be effective through the entire field experience. |