



**EMPLOYEE TB TEST FORM**

As a condition of employment in the Dearborn Public Schools (DPS) you must be free of Tuberculosis (TB). In addition, your physician must provide the results of your TB test as well as the date on which it was read.

Instructions: Please take this form to your physician to complete when your TB test is being read. Once completed please return to the Dearborn Public Schools Human Resource Department.

Employee Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**I certify that the employee named above is free of active Tuberculosis.**

TB Test:

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

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

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_