



Email results to:
vieyrar@cfbisd.edu
ph.972-968-5680

INFORMATION/RESOURCE LIST - TB skin testing & positive tests

Carrollton-Farmers Branch ISD requires that an employee have a negative TB test results (skin test or chest x-ray) within the previous 12 months from date of hire.

If you have had a skin test and it was read as a positive test, you will need to obtain a chest x-ray with written date and results from a health care provider or clinic.

If you have had a positive skin test in the past, do not do the skin test, you will need to go ahead and schedule a chest x-ray.

The TB skin test or x-ray (if needed) will be at your expense.

Some local providers in Carrollton and the nearby Dallas area are:

- CareNow - 972-939-9495** – Mon-Fri 8am-10pm; Sat: 8am-8pm; Sun: 9am-5pm
1017 W. Hebron Pkwy (shopping center near Hebron & Old Denton).
Carrollton, TX 75010 – 23 Locations in DFW area www.CareNow.com
TB test: \$14 (eff. 5/01/14) - chest x-ray: call for current cost.
- U.S. Health Works - 972-236-1941** – Mon-Fri 8am-5pm **no tests on Thursdays!**
1837 W. Frankford Rd., Suite 116
Carrollton, TX 75007
TB test: \$19 (eff. 5/1/2014) - chest x-ray: call for current cost.
- Concentra Health Center - 972-484-6435** - Mon-Fri. 8am-9pm; Sat. 10am– 6 pm
1345 Valwood Pkwy, Ste 306, Dallas, TX 75006
TB test: \$39.50
www.concentra.com 16 Locations in the DFW area
- Neighborhood Medical Clinic - 972-726-6464** – Mon – Sat. 8am-10pm; Sun. 9am-6pm
5917 Beltline Rd, Dallas, TX 75254
TB test: \$25
- Performance X-Ray – 214-328-1005**
10611 Garland Rd. Suite 221, Dallas, TX. 75281 (Radiology School)
Chest X-Ray - \$40.00

Identify yourself as a C-FB ISD employee

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Name (Please Print)

Campus

**CERTIFICATION OF EXAMINATION
FOR TUBERCULOSIS**

This is to certify that the person named above was administered a test for the disease of tuberculosis. As a result of this examination using the procedure indicated below, I found the following:

EXAMINATION FINDINGS :

_____ The person was found to be free of active tuberculosis.

_____ The person was found to have active tuberculosis.

EXAMINATION PROCEDURE:

TUBERCULIN SKIN TEST

Date administered: _____

Date read: _____

RESULT: Negative reaction _____

Positive reaction _____

*****OR*****

CHEST X-RAY

Chest X-ray administered on _____
Date

X-ray read on _____
Date

RESULT: Normal chest findings _____

Abnormal chest findings _____

Physician's/Licensed Medical Practitioner Signature - MD/DO License # Date

Clinic Name and address: _____

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