

## Verification of TB Test



I hereby certify that the individual named below has been tested or screened for TB on the date shown. I understand that individuals who have previously had a positive tine or other TB test result must be thoroughly screened for symptoms suggesting that tuberculosis disease is present, and tested by sputum or x-ray if appropriate. In the case of a positive test result, I also certify that this individual has been following a treatment plan to prevent spread of the disease.

\_\_\_\_\_  
Signature - Health Provider

\_\_\_\_\_  
Date

Health Provider Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Name: \_\_\_\_\_

Test/Screening Date: \_\_\_\_\_

Return to: Kuspuk School District  
P.O. Box 49  
Aniak, AK 99557  
ATTN: Business Office  
907-675-4250  
907-675-4305 (fax)  
[mmorrow@kuspuk.org](mailto:mmorrow@kuspuk.org) (email)