



FOR USE BY CPS EMPLOYEE SERVICES	
ACCEPTED:	_____
INCOMPLETE:	_____
NOT ACCEPTED:	_____
SIGNATURE:	_____

EMPLOYEE TB TEST FORM

Illinois School Code requires Chicago Public Schools to screen employment candidates for TB. As a condition for employment in the Chicago Public Schools (CPS) you must be free of tuberculosis (TB). In addition, your physician must provide the results of your TB skin test as well as the date on which it was performed and read. Self-reading by an employee is not acceptable. A TB skin test must have been performed within the last 90 calendar days. If the TB skin test is positive; a chest x-ray must have been performed within the last 90 calendar days. A printout with the date of the chest x-ray results and initiation of treatment as necessary must be documented on the form.

Available health centers you may use to complete your TB test are listed on the back of this form for your convenience.

I hereby give consent to have further information requested by Employee Services released by the physician who examined me.

SIGNATURE OF EMPLOYEE

DATE

TB TEST	DATE PLACED:	_____
	DATE READ:	_____
	RESULTS:	_____ MM
IF POSITIVE, CHEST X-RAY:		
DATE COMPLETED:	_____	RESULT: _____
DATE TB PROPHYLAXIS INITIATED:	_____	

MEDICAL LICENSE NUMBER: _____ STATE: _____

PRINT NAME: _____

M.D. /D.O. SIGNATURE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE #: _____

FAX #: _____

NAME: _____ STATE: _____
 CITY: _____ ADDRESS: _____
 TELEPHONE #: _____ E-MAIL: _____