# School Employee Certificate of Evaluation for Tuberculosis

Name: Last _____ First _____ M.I. _____ Residence Address _____ City _____ County _____

Worksite, e.g. public or private school, kindergarten, nursery, or daycare facility for infants and children _____ Date employed _____

**TEST RESULTS**

**TUBERCULIN SKIN TEST** _____
Date Given

5 TU **Mantoux Method**
_____ **mm** _____
Date Interpreted

**IGRA** _____ □ T Spot □ QFT
Date Collected

**Results** _____

**CHEST X-RAY**

**Date** _____

**Interpretation:**

**REMARKS**

**DISPOSITION**

_____ No tuberculosis infection per 5 TU PPD or IGRA results[1]

_____ Tuberculosis infection, no evidence of disease

_____ Preventive treatment started _____ and completed _____.

_____ Preventive treatment started _____ but not completed [2]

_____ Preventive treatment not prescribed/refused [2]

_____ History of tuberculosis disease. Treatment started _____ and completed _____.

_____ Current tuberculosis disease

_____ Non-contagious as of _____ and medically cleared to start/resume school employment on _____.

[1]No further routine screening required unless additional screenings required by employer. [2]Remains at lifelong risk of developing tuberculosis.

**CERTIFI-CATION**

_____ This is to certify that I have examined the person named herein for tuberculosis and report my findings as indicated above pursuant to the Code of Laws of South Carolina, 1976.

_____ _____
Physician's Signature Date

 **DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.**

**SCHOOL EMPLOYEE CERTIFICATE OF EVALUATION FOR TUBERCULOSIS:** This form may be used for school employees who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees.

**CODE OF LAWS OF SOUTH CAROLINA, 1975. SECTION 44-29-150**. No person will be initially hired to work in any public or private school, kindergarten, nursery, or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the Board of Health and Environmental Control. Re-evaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

**SECTION 44-29-160.** Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active stage.

**SECTION 44-29-170.** The physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental Control, whose duty it shall be to provide such forms upon request of the applicant.

**SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL**. (Regulation 61-22) As a prerequisite to employment, and as a condition for continued employment, all employees shall be evaluated for tuberculosis by a licensed health care provider and shall provide written certification from a licensed physician that the person does not have TB disease. Tuberculosis evaluations must be completed no more than one year prior to employment. Tuberculosis evaluations shall be conducted utilizing Approved TB Screening Tests. Certification of tuberculosis evaluation, including disposition and preventive treatment, shall be documented on DHEC 1420 and retained in the files of the school, kindergarten, nursery or day care center for infants and children where the person works. These forms shall be subject to review by DHEC. If the evaluation reveals TB disease, then the individual shall be excluded from working in any school, kindergarten, nursery or day care center for infants and children until a licensed physician certifies that the individual no longer has TB in an active stage. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed health care provider with chest x-ray or additional testing. Any employee with a positive Approved TB Screening Test or with a history of latent TB infection or TB disease shall be further evaluated by a licensed health care provider. If the evaluation reveals no TB disease, then no exclusion and no further routine screening shall be required. An employee who would otherwise be exempt from routine annual screening for tuberculosis may be required to undergo non routine screening if there is epidemiologic or clinical evidence that such employee may have been exposed to TB bacteria or become infected with TB or may have moved from having latent TB infection to TB disease as evidenced by the observation of signs and symptoms suggestive of tuberculosis.