

## School Employee Certificate of Evaluation for Tuberculosis

HEC 142	CERTIFI -CATION	DISPOSITION	TEST RESULTS	Worksite,	Name:
DHEC 1420 (07/2017) DISPOSITION: This form shall b	This is to certify that I have pursuant to the Code of Land Physician's Signature	No tuberculosis infection per 5 TU PPD or I GRA  Tuberculosis infection, no evidence of disease Preventive treatment started Preventive treatment started Preventive treatment not prescribed/ref History of tuberculosis disease. Treatment started Current tuberculosis disease Non-contagious as of  1No further routine screening required unless additional screening	TUBERCULIN SKIN TEST  Date G  5 TU Mantoux Method  mm  Date Interpreted  IGRA  Date Collected  Results  Date Collected		Last
Disposition: This form shall be retained in the files of the current employer or individual following evaluation and certification.	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.  Signature	er 5 TU PPD or IGRA svidence of disease ment started lent started nent not prescribed/ref lase. Treatment started lase of lnless additional screenir	Date Given  Date  Date  Interpretation:	e.g. public or private school, kindergarten, nursery, or daycare facility for infants and children	M.I. Residenc
rrent employer or individual following	s and	2 nmplet	REMARKS	children	Residence Address
Date g evaluation and certification.	report my findings as indicated above	lent on	₹KS	Date employed	City County