

CERTIFICATION OF TUBERCULIN SKIN TEST OR CHEST X-RAY

Please note: The applicant is responsible for the cost of TB testing

Return to: **Kern County Superintendent of Schools - Credential Services Department**

Kern County Superintendent of Schools Office
1300 17th Street - CITY CENTRE, Bakersfield, CA 93301-4533

Name: _____ Last Four of Social Security Number XXX-XX-__ __ __ __

This is to certify that the above named individual has submitted to an examination by means of a Tuberculin Skin Test or Chest X-Ray as required by Education Code Section 49406. A negative result indicates that the individual appears to be free from active tuberculosis.

T.B. Skin Test or Blood Test:

☐ Negative Date Read: _____

☐ Positive Date Read: _____

Chest X-Ray:

☐ Negative Film Date: _____

☐ Positive Film Date: _____

Name of Physician (print)

Signature

Address

City

License Number