

**PRESTON COUNTY SCHOOLS
731 Preston Drive
Kingwood, West Virginia 26537**

TUBERCULIN EXAMINATION RECORD

The Preston County Board of Education recognizes its responsibility to safeguard the welfare of its students and personnel from tuberculosis in the communicable stage. Therefore, all school personnel shall have a chest x-ray or an approved tuberculin skin test at the time of employment, or more frequently if medically indicated. Positive reactors to the tuberculin examination shall be immediately referred to the Preston County Health Department for evaluation and treatment (if needed), or further studies. School personnel found to have tuberculosis in a communicable stage shall have their employment suspended until the local health officer, in consultation with the commissioner, approves a return to work (WV Code 16-3D-3(c)). School personnel who have not had the required examination will be suspended from employment until reports of examination are confirmed.

Any employee requiring a tuberculin examination may have the exam administered by the Preston County Health Department. The Health Department shall bill the Board for each tuberculin examination administered. The Board shall reimburse the Health Department at a rate of \$10.00 per exam. If an employee chooses to have the tuberculin examination administered by his/her physician, the Board will reimburse the employee a maximum of \$10.00 for the exam upon presentation of appropriate receipts/documents to the Finance Office. The Health Department shall conduct follow-up evaluation and treatment (if needed) for all employees with a positive tuberculin examination at no cost to the employee or the Board. The employee shall be responsible for any costs associated with follow-up if he/she chooses to have the follow-up evaluation and treatment (if needed) conducted by his/her personal physician.

The tuberculin skin test is given on Monday of each week during the hours of 8:00-12:00 and 1:00-4:00 at the Preston County Health Department. Appointments must be made for x-rays.

EMPLOYEE'S NAME _____
(First) (Middle) (Last)

ADDRESS _____

PHONE NUMBER _____ BIRTH DATE _____

ASSIGNMENT _____
(Title) (Location)

Type of Test _____

Date Test Given _____

Date Test Read _____

Results of Test Positive Negative

Signature of Agency/Physician administering Tuberculin Test)