

LOC:

ID:

NAME:

TUBERCULIN REPORT
DEARBORN PUBLIC SCHOOLS
DEARBORN, MICHIGAN

INSTRUCTIONS: PLEASE TAKE THIS CARD TO YOUR PHYSICIAN, OR
THE DEARBORN HEALTH DEPARTMENT. HAVE IT COMPLETED AND
RETURNED TO THE PERSONNEL DEPARTMENT, ADMINISTRATION
BUILDING.

I CERTIFY THAT THE EMPLOYEE WHOSE NAME APPEARS ON THIS
CARD IS FREE OF ACTIVE TUBERCULOSIS.
A TUBERCULIN TEST WAS GIVEN ____ / ____ / ____
REPORT OF TUBERCULIN TEST

PHYSICIAN SIGNATURE

ADDRESS

DATE
