



HUMAN RESOURCES

Arlington Public Schools  
1426 N. Quincy Street, Arlington, VA 22207  
TEL 703.228.6189 FAX 703.841.2138 <http://www.apsva.us/careers>

## **Arlington Public Schools Adult Tuberculosis Screening for Employment**

**2100 Washington Blvd, 2<sup>nd</sup> Floor, Arlington, VA, 22204**

**Arlington County Occupational Health Unit** (Ask for the Occupational Health Nurse Sharon Ying Liu); must call for an appointment at 703.228.4815 OR email the nurse at [syingliu@arlingtonva.us](mailto:syingliu@arlingtonva.us) – *there will be no charge at this office for Arlington Public Schools new hires; but you must ask for the Occupational Health Nurse.*

**Arlington County Immunization Clinic** 703.228.1200; WALK-IN Clinic Schedule Hours as follows:  
● Tuesdays 3:00 p.m. - 6:30 p.m. ● Wednesdays 9:00 a.m. - 12:30 p.m. ● Fridays 7:30 a.m. to 11:00 a.m.  
*There will be a fee for the TB test/screening; Arlington Public Schools (APS) is not responsible for the fee.*

We encourage you to call and confirm above schedule before your visit, as changes may occur without notice. Please keep in mind that your waiting time could be from 5 minutes to an hour, and if you require a PPD test (not a screening) you will be instructed to return in 2-3 days for the PPD reading/results.

### **TB screening can also be performed by the applicant's health care provider.**

The screening certificate form must be completed, stamped and signed by the physician or nurse before it is returned to the Arlington Public Schools Human Resources Department.

If an applicant is under 18 years of age, he/she must be accompanied by a parent/legal guardian. Parent/legal guardian may be required to complete the "Parental Consent for Occupational Health Evaluation and Deemed Consent" form provided by the medical facility.

As a condition of employment, Arlington Public Schools employees shall submit a TB Screening Certificate signed by a licensed physician or by the physician's licensed designee stating that such employee appears free of communicable tuberculosis. Such screening shall be based on a symptoms assessment, risk assessment, x-rays, and other exams, alone or in combination, as deemed necessary by a licensed physician.

The screening must have been performed within a 12 month period immediately preceding submission of the certificate. The preferred certificate is the Arlington County Public Health Division's Adult Tuberculosis Screening Certificate (see other side). A certificate from another health facility, properly documented with facility's address, phone number, doctor's signature and date, may be submitted.

**Please see other side for the screening certificate.**

# ADULT TUBERCULOSIS SCREENING CERTIFICATE



**Public Health**  
Prevent. Promote. Protect.

1. Does applicant have any of the following symptoms?

- Cough > 3 weeks     Night sweats     Unexplained fever     Unexplained weight loss  
If **no**, go to #2

If **yes**, stop here and evaluate for active Tuberculosis. Proceed to #2 when active TB ruled out.

2. Has applicant had a prior documented **positive** TB skin test (TST)?

- If No**, go to #3.  
 **If Yes**, but no X-ray documentation, refer for chest x-ray and evaluate.  
 **If Yes**, and X-ray results documented and abnormal, evaluate for possible active TB. Sign below when active TB ruled out.  
 **If Yes**, and X-ray results documented and normal, sign this certificate below.

3. Ask **all** the following risk assessment questions and check if "yes" since the applicant's last documented negative TST or last negative risk assessment.

- a.  Was the individual born in a high risk country\* and been in the US for fewer than 5 years?  
b.  During the past two (2) years, did the individual live more than three (3) months in a high risk country\*?  
c.  Has the individual been in close contact with a person known to have active tuberculosis?  
d.  Has the individual worked in or been a resident in a congregate living setting such as a shelter, prison, jail, nursing home or assisted living facility?  
e.  Has the individual injected illicit drugs?

**CDC Classification of Positive TST**

**Reaction**

≥5mm: HIV+ persons, recent contacts of TB case, patients with organ transplant, and other immunosuppressed patients  
≥10mm: anyone else with positive response to the risk questions above

If **no** to 3 a through e, sign this certificate below now.

If any one answer is **yes**, plant a TST and read the results at 48 to 72 hours.

If the TST is **negative**, sign this certificate below.

If the TST is **positive** (see box), evaluate as usual.

\*High Risk Countries=countries other than the US, Canada, Australia, New Zealand, or in Western Europe

**Clip along dotted line and give portion below to applicant for Arlington Public Schools HR DEPARTMENT  
1426 N. Quincy Street, Arlington, VA 22207 Fax 703.841.2138.**

Name of applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature and date of Applicant: \_\_\_\_\_

**This certifies that the screening is complete and that the applicant listed above is free of communicable TB disease.**

Print Name of Arlington Co. Health Dept. Practicing Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Arlington Co. Health Dept. Practicing Nurse: \_\_\_\_\_ Extension #: \_\_\_\_\_

↓ AFFIX ARLINGTON COUNTY HEALTH DEPARTMENT OFFICE STAMP IN SPACE BELOW: ↓