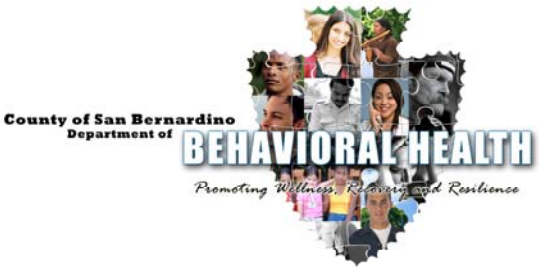
Tuberculosis Screening Confirmation

Request to:
Center for Employee Health and Wellness
Phone: (909) 580-1431
Fax: (909) 580-1493



The Department of Behavioral Health would like to confirm the TB status of the following:

Employee Name	Employee Number	TB Test Date	CXR Date	Exempt from Skin Test-(CXR) Annual Questionnaire completed/cleared (enter date)	Results

The above named employees have been deemed by the Center for Employee Health and Wellness to be medically qualified to perform their jobs. They have completed their TB testing as described above.

Name: _____ Title: _____

Date: _____