TO: Student Teachers, Graduate Interns, Advanced Field Students

FROM: Michael Kelly, Director of Field Experiences

RE: TB Testing

The School of Education and Human Development has been formally advised by the Virginia Department of Education Teacher Education/Professional Licensure Division that there are new regulations for the tuberculosis testing for the public schools in Virginia.

Director of the Central Virginia Health District, has issued the following statement:

There have been recent changes at the Center for Disease Control regarding targeting testing for Tuberculosis Control. Testing should be done in groups in which risks for tuberculosis are substantially higher than for the general population (targeted testing). Health care providers should give tuberculin skin tests to high risk persons only. Groups that are not high risk for tuberculosis should not be tested routinely.

A change in the testing for the School of Education and Human Development will be as follows:

1. Your health care provider will ask a series of questions from Form 512 – Virginia Department of Health TB Risk Assessment.

2. Based on the information you provide them, a decision will be made as to whether you fall into the high risk category.

3. If it is determined that you do not fall into the high risk category, the health care provider will sign off on the attached form that the PPD test is not indicated at this time.

4. If it is determined that you fall into the high risk category, you will be given the PPD test.

5. If indicated, you may also be asked to undergo a chest X-ray.

6. Items 4 and 5 will be documented on the attached form by the health care provider.

7. This form or other formal documentation is required of all students before they enter placement sites at the start of the semester.
You can obtain the TB Assessment/PPU test and chest X-ray in the following ways:

1. Through your own private physician who will fill out the Lynchburg College or other official TB form. The cost varies per doctor.

2. Through the Lynchburg College Health Center. If you have questions, contact April Scruggs, Head Nurse, at 544-8357.

3. Through the Lynchburg City Health Department, 1900 Thomson Drive, (434) 947-6777 (Monday and Tuesday, from 8:30-11:00 and 1:00-3:30). Cost is either $7.90 for assessment or $20.77 for PPD.

4. Other county health departments have similar days/times/costs.

Please be aware that you may take the PPD test on one day and be required to come back several days later for the reading, so please do not put this task off until the last minute. There are Lynchburg College TB forms available in the Administrative Offices of the School of Education and Human Development, or the clinic/doctor may use their own official form to submit results. Any PPD test or chest X-ray may not be more than one year old.

**Remember! DO NOT WAIT TO OBTAIN DOCUMENTATION UNTIL SCHOOL BEGINS.** You will not be allowed to begin your placement without valid TB documentation on file in the School of Education and Human Development!
Lynchburg College
School of Education and Human Development

PHYSICIAN’S CERTIFICATE
TUBERCULIN REPORT

STUDENT TEACHING IN PUBLIC SCHOOLS OF VIRGINIA

Name ______________________________________  LC Student # _____________________

Sex (circle) M  F  Date of Birth ____________________________________

Address ______________________________________________________________________
____________________________________________________________________

__________________ Tuberculosis Risk Assessment, Form 512, completed; PPD not indicated.
      (date)

__________________ PPD administered. __________________Read
      (date)      (date)

__________________ Chest X-ray administered. Results: ______________________________
      (date)

On the basis of chest X-ray, tests, and/or examinations, I hereby certify that the above named is believed free of communicable tuberculosis on this date.

(Signed) __________________________________________________________, M.D.

Address _______________________________________________________________

Telephone No. __(______)_________________________________________________

Date __________________________________________________________________

I am a licensed physician in ___________________________________________, United States.

(name of state)

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