

Los Angeles County + University of Southern California Medical Center
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In order to maintain compliance with the Bylaws of the Attending Staff Association, Network, county and state requirements, documentation of health status is required.

Please complete and fax this form to: the Attending Staff Office at (323) 441-8123.

TUBERCULOSIS SCREENING

I have received a Mantoux (PPD) **or** chest film, if appropriate, within the past twelve (12) months with the following results:

Please check the appropriate box:

- The results were negative for tuberculosis.
- The results were a new positive for tuberculosis and I am currently being treated for tuberculosis.
- The results were a new positive for tuberculosis, but I do not have an active case of tuberculosis.
- I did not have a repeat skin testing since I have been positive by Mantoux (PPD) in the past.

Please forward documentation of the above.

SIGNATURE _____ DATE _____

PLEASE PRINT YOUR NAME _____

PHONE NUMBER _____

This attestation does not supplant any requirements of the Employee Health Service.

The information contained in this form is privileged and confidential and is intended only for the use of the LAC+USC Medical Center.