



**KING WILLIAM COUNTY PUBLIC SCHOOLS**  
**PHYSICIAN'S CERTIFICATE: PUBLIC SCHOOL EMPLOYEE**

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male          \_\_\_\_\_ Female          Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\*I hereby certify that the above named individual is free of communicable tuberculosis, this date.

Signed: \_\_\_\_\_ M.D. (or)

Signed: \_\_\_\_\_ Registered Nurse

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*I am a licensed physician/registered nurse in \_\_\_\_\_ (State or District) United States.

**This form is suggested for use under provisions of Section 22.1-300, Code of Virginia as amended 2000, which reads in part as follows:**

*Tuberculosis Certificate – As a condition of employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ 54.1-3016 et seq.) of Chapter 30 Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment.*