



AN HONORS UNIVERSITY IN MARYLAND

Education Department

Tuberculosis Clearance

All teacher education students must complete this form to certify that they have been tested for and show no evidence of tuberculosis.

Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Test was administered on _____ and reveals no evidence of tuberculosis.

Remarks:

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's contact information:

The TB test should be administered within 1 year of beginning internship.

Please return this form to Office of Field Experiences & Clinical Practice
Department of Education
Sherman Hall 427-1
1000 Hilltop Circle
Baltimore, MD 21250
410-455-1466