

Directions for Obtaining TB Risk Assessment

Option 1: Montgomery County Health Department
210 South Pepper St.
Christiansburg, VA
(Services offered by appointment only)

Schedule appointment for TB risk assessment.

- Telephone #: 381-7100; press 0 to speak to an attendant
- TB risk assessment or test (as needed) only available **Monday's** between the hours of **1:00 – 3:00 p.m.**
- **Approximate Cost: \$15.29 for risk assessment plus additional \$7.00 if testing is required.**
- Montgomery County Health Department will provide you with their results form letter.

(Directions from School Board Office on Junkin Street: Turn left at stop sign and travel on East Main Street to stop light at bottom of hill; turn left at stop light onto Roanoke Street; travel to next stop light, remaining in right lane; turn right at stop light. Hardies will be on your left. Turn left onto Pepper Street [located directly behind Hardies]. The Health Dept. is located in the large brick building on the left.)

Option 2: Make an appointment with your own physician to request a TB risk assessment or test (as needed).

- If you choose to use this option, you will need to have your physician complete the attached form.

PHYSICIAN'S STATEMENT

FOR

EMPLOYEES OF

MONTGOMERY COUNTY SCHOOL BOARD

200 JUNKIN STREET CHRISTIANSBURG, VA 24073

"As a condition to 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 of 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."

Code of Virginia, § 22.1-300

NAME OF EMPLOYEE _____

SCHOOL OR DEPARTMENT OF EMPLOYMENT _____

In compliance with State law, on basis of examinations, I hereby certify that the above-named appears free of communicable tuberculosis, this date.

Signature _____

Name _____
(please print)

Address _____

Date _____

I am a licensed physician in _____, United States of America.
(State of District)