

Exhibit GBGA-E Evaluation for Tuberculosis Disease Name _____

Residence Address _____

(include street, city, state, zip code) _____ County

School Assignment _____ Position _____

NOTE: This is to certify that I have examined the above named school employee for symptoms of tuberculosis. Findings indicate there is no evidence of disease.

(Physician's Signature) _____ (Date)

Comments: _____

Richland County School District One