

TB TESTING INFORMATION

Health Department Clinics

Walk-In Services:

For flexibility, use our convenient Walk-in-Hours for Immunizations, TB Testing, HIV Testing and Pregnancy Testing.

Hours for all offices:

Mon - 8 a.m.- 3:30 p.m.
Tue - 10 a.m.- 6 p.m.
Wed - 8 a.m.- 3:30 p.m.
Fri - 7:30 a.m. - noon

Falls Church District Office	6245 Leesburg Pike, Suite 500 Falls Church, VA 22044-2106	703-534-8343
Herndon-Reston District Office	1850 Cameron Glen Drive, Suite 100 Reston, VA 20190-3310	703-481-4242
Joseph Willard Health Center	3750 Old Lee Highway Fairfax City, VA, 22030- 6903	703-246-7100
Mount Vernon District Office	8350 Richmond Highway, Suite 233 Alexandria, VA 22309-2344	703-704-5203
Springfield District Office	Cary Building, 8136 Old Keene Mill Rd, Suite A100 Springfield, VA 22152-1850	703-569-1031

CVS Minute Clinic

CVS Minute Clinics also offer TB tests. At this time the listed cost is \$27.00

Use the following link to obtain information about specific locations.

<http://minuteclinic.com/VA/Virginia-Suburbs/Clinics.aspx>

**REPORT OF TUBERCULOSIS SCREENING
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (i) children's facilities regulated by the Department of Social Services or (ii) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician-designated screener is affiliated.

Name: _____ Date of Birth: _____

Address (Street, City, State, Zip Code): _____

1). _____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

2). Tuberculin Skin Test (PPD): Date given: _____ Date read: _____
Results: _____ mm Positive: _____ Negative: _____

3). _____ The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

4). _____ The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

5). _____ The individual had a chest x-ray on _____ (date) at _____ (location) that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature/Title: _____
(MD/designee or Health Department Official)

Date: _____

(Print Name/Title)

Address (including name of practice, if appropriate):

Telephone number: _____