



AN HONORS UNIVERSITY IN MARYLAND

Department of Education

## 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 and Date: \_\_\_\_\_

Physician's Contact Information, including address and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

UMBC Department of Education  
1000 Hilltop Circle  
Baltimore, MD 21250  
410-455-2456  
[www.umbc.edu/education](http://www.umbc.edu/education)