

SUPPORT STAFF EMPLOYMENT APPLICATION

Union City Area School District
107 Concord Street
Union City, PA 16438

(Please Print)

Name: _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Please check position(s) for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> CAFETERIA | <input type="checkbox"/> CUSTODIAL/CLEANING |
| <input type="checkbox"/> CLASSROOM AIDE | <input type="checkbox"/> MAINTENANCE |
| <input type="checkbox"/> SECRETARY / CLERICAL AIDE | <input type="checkbox"/> OTHER (Please List) |

I would like to be placed on the District's Substitute List: Yes No

In order for applicants to receive full consideration for employment, a complete Application Packet including the following documents is required:

- Resume (Secretarial Position Only)
- Three Letter of Recommendation (Secretarial Position Only)
- Original **Criminal Record Check** (Act 34) current within six (6) months
- Original **Child Abuse History Clearance** (Act 151) current within six (6) months
- Original **FBI Criminal History Record** (Act 114) current within six (6) months
- **Arrest/Conviction Report and Certification Form** (PDE form 6004)
- **Sexual Misconduct/Abuse Disclosure Release Form(s)** (Act 168) completed up to Section 2 only
- **Proof of a Negative Tb test** dated within three (3) months
- **Proof of Physical Examination** dated within six (6) months

Various SafeSchools Courses will be assigned after employment is Board approved.

Name:

EDUCATION

SCHOOL/INSTITUTION	MAJOR	DIPLOMA/DEGREE

WORK EXPERIENCE

EMPLOYER	JOB DESCRIPTION	DATES

OTHER QUALIFICATIONS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING

PROFESSIONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER

Union City Area School District
107 Concord Street
Union City, PA 16438

PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK
for EMPLOYEE or for VOLUNTEERS

There are two methods of requesting a Criminal Record:

1. Online Request

The Pennsylvania State Police has established a web-based computer application called "Pennsylvania Access To Criminal History," (PATCH). Using this system, a requester can apply for a criminal background check on-line. Payment must be made using a credit card.

Go to <https://epatch.state.pa.us/Home.jsp> Employees should click on "Submit a New Record Check" and follow the instructions under "Terms and Conditions for the Use of PATCH", then click the "Accept" button. Complete each of the boxes to finish your application.

To access your approved clearance from the epatch home page, click on "Check the Status of a Record Check." Type your Control Number, your name (which must be exactly as it was entered on your application), and the application date in the appropriate boxes. A "Search Results box will appear below this information. If the record has been processed, it will show up. Click on the Control Number to retrieve and print your certification form and submit it to the Administration Office. If the information has not yet been processed, the "Search Results" will indicate "No items found." Access the website daily until you are able to access your record. For assistance or questions, please call 1-888-783-7972.

2. Submitting a Request Form by mail

Click on <https://epatch.state.pa.us/help/HelpHome.jsp> and select the employee application - SP4-164 Form - Request for Criminal Record Check. Applicants can type their information directly onto the form from their computer, then print the form, sign and date it. The form can also be printed from this site, then the information hand written onto the form. With either method, the form must be mailed to the address indicated on the form. The employee application requires a certified check or money order in the amount shown on the form, made payable to "Commonwealth of Pennsylvania." (A notarized copy is NOT required by the School District.) Please keep a copy of the completed application (and the money order stub) until you have received your approved form. Mailed applications can take four weeks or longer. If you have questions about the Pennsylvania State Police Request for Criminal Record Checks SP 4-164 or SP 4-164A forms, please call 1-888-783-7972.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

There is no cost for this clearance for volunteers. The cost for the employment clearance is listed on the form.

ELECTRONIC SUBMISSION

The PA Child Abuse History Clearance online link is <https://www.compass.state.pa.us/CWIS>

The Pennsylvania Child Abuse History Clearance application should be submitted online for the quickest results. Once you enter the link above, you will be directed to the Child Welfare Portal where you must create an account. You will need a working email address. You will be asked to create a Keystone ID which becomes your username. You must also create a password. **IMPORTANT: Be sure to write down your username, password, and the questions/answers you choose so you can access the site later to retrieve your approved clearance.** The site will provide further instructions. Please note that after you create an account you will be prompted to login with a temporary password where you will need to change it to the password of your choice. You will then be prompted to login again where you can then submit your application for the clearance.

If you already have an account, you can log in by entering your username and password. In order to request the "Forgot Password" option, you have to know your username. If you cannot remember your username, you will need to create a new account. (Proceed as above to create a new account.)

PAPER SUBMISSION

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted for anyone who may not have access to the internet. The form may be accessed by clicking on the link below. Paper copies are available at the District Administration Office.

[CY113 form – Pennsylvania Child Abuse History Certification](#)

The instructions for how to complete the Pennsylvania Child Abuse History Clearance application are included with the application and can be printed for easy reference when completing the application. Failure to comply with the instructions that are attached to the application will cause considerable delay in processing the results.

1. Applicants can type their information directly onto the online application.
2. If the information is typed directly onto the application, the information will NOT be able to be saved on a computer unless the computer has a licensed version of the acrobat adobe software. Therefore, please be sure to print the completed application before closing the document so that the information typed on the application is not lost.
3. If you have trouble accessing the application you may need to download the latest version of Adobe Reader, which is available free on the internet.

NOTE: ALL information that has been entered directly onto the application will be lost if you close the application prior to printing it. Submit paper applications to:

**ChildLine and Abuse Registry
Pennsylvania Department of Human Services
PO Box 8170
Harrisburg, PA 17105-8170**

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant's address that was noted on the application within 14 days from the date that the application is received in the ChildLine Verification Unit.

Applicants must enclose a check or money order made payable to the "Department of Public Welfare" when mailing the application for the amount listed on the form. No other form of payment will be accepted.

Please keep a copy of the form and a copy of the money order or the money order stub (if used) until you receive the actual approved clearance in the mail.

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the ChildLine Verification Unit at 1-877-343-0494 for on-line submissions or 1-877-371-5422 for paper submissions.



Fingerprinting Scheduling Process

General Information

- The Enroll Your Own fingerprinting services with IU5 will begin the week of October 12, 2020. Appointments can now be made immediately for October 12 and onward. Current hours are Monday through Thursday, 9-noon and 1-4:00 p.m.
- IU5 will not be accepting walk ins – all customers needing to be fingerprinted must first schedule an appointment.
- Appointments can only be made up to 60 calendar days in advance.
- In addition to scheduling an appointment with IU5, customers must also register with Identogo in order to have fingerprints completed and receive the UE ID number.
- All customers making appointments must provide a valid email address (where additional instructions will be provided in a confirmation email) and a phone number to contact if there are scheduling issues.
- ONLY those customers associated with education in Erie, Crawford and Warren counties are permitted to be printed at IU5. This would include organizations such as education transportation companies, higher education organizations, public schools, non-public schools, etc. Anyone who is not from an education-related organization must contact Identogo to find another facility where they can be printed.

Step 1: Schedule an Appointment with IU5

- Customers must visit our scheduling site to select a day and time he/she is able to be printed.
- Go to the following link to schedule an appointment: <https://calendly.com/iu5fingerprinting/>
- From this link, select a date, then a time for the appointment. Please note that if there are not times available for a day, that means that the appointments are fully booked for the day and another day will need to be selected.
- Enter the customer's information and answer the questions on the page.
 - For the email address, be sure that this email address is for the person who will be responsible for also registering the customer with Identogo.
- When finished, click the Schedule Event button – this will trigger a confirmation email that will supply the customer with additional information needed to register with Identogo.

Step 2: Register with Identogo

- Refer to the confirmation email provided after scheduling your appointment.
 - Customers will need to go to UEnroll.identogo.com or call 844-321-2124 to register.
 - Customer must have the Service Code from the organization sending the individual for printing in order to start this process [Union City Area School District Employees should enter the code 1KG6XN.](#)

Enter your Service Code to get started.

- Once the Service Code is entered, click the GO button and then select Schedule or Manage Appointment

[Schedule or Manage Appointment](#)
Schedule an in-person appointment or change an existing appointment.

- Continue through all screens asking for personal information

- When you arrive at the  stage, in the search box, enter the Access Code provided in the confirmation email from the appointment scheduling and click Search

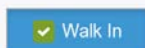
Search for an Enrollment Center by Postal Code, City and State, or Airport Code.



- The IU5 location will show below the search box – click Next (please note the hours on Identogo's website in this section are not correct)



- On the next screen, do not select a date or time – this was already scheduled with IU5. The customer will need to click the Walk In checkbox and then click Submit.



- The next screen is very important – the customer must capture this **UE ID number** on this last screen. This number must be presented to IU5 at the time of the appointment. This information will also be emailed to the email address provided during this Identogo registration process.

Step 3: Come for your Scheduled Appointment

- Arrive a few minutes early for your appointment – late appointments may have to reschedule
252 Waterford Street
Edinboro, PA 16412
814-734-5610
- Remember to bring your UEID number with you
- Remember to bring valid identification with you
- Remember to bring an approved form of payment
 - Credit Card – must be in your name
 - Money Order made out to Identogo for the amount indicated in the confirmation email from Identogo

Step 4: Need to Cancel or Reschedule?

- Refer to the confirmation email provided at the time the appointment was scheduled.
- Within this email, there will be a link to the scheduling site that will allow you to cancel or reschedule your appointment.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
 (under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by which you have been identified: _____

Section 2. Arrest or Conviction

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

 Signature

 Date

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<ul style="list-style-type: none"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

Relevant Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	Name of Current or Former Employer:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	Fax Number: Email:
	Contact Person:	Title:

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 calendar days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Have you (Applicant) ever:

- Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
- Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
- Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are correct, complete, and true to the best of my knowledge. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____ **Contact telephone #:** _____

To the best of your knowledge, has Applicant ever:

- Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
- Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
- Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer **Representative Signature and Title**

Date

Return all completed information to:

School Entity/Independent Contractor:			
Address:		Phone:	
City:	State:	Zip:	Email:
Contact Person:		Title:	

Date Form Received: _____

Received by: _____

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD

I. Patient Information

Last Name First MI Sex D.O.B.

Social Security Number Home Telephone Work Telephone

Mailing Address Street City Zip

Usual Source of Medical Care Physician's Name Address Telephone

Emergency Contact - Name Relationship Address Telephone

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /		
Measles, Mumps, Rubella	1 / /	2 / /			
Other _____	/ /	Other _____		/ /	

*Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DTaP, DT or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

Date Applied	Arm	Method	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis - Chemotherapy ordered: No Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE. _____

