## **HEALTH CERTIFICATION**

Prior to licensure, applicant shall be required to have a tuberculin skin test with five U.S. Tuberculin Units of purified protein derivative. Applicants found to be non-reactors to a 5TU-PPD tuberculin skin test shall require no further routine annual screening. Results of skin tests utilizing the multiple puncture method shall not be accepted, if applicants are found to be tuberculin reactors, they must provide the Board with a statement that the applicant is non-contagious and must undergo such further testing as may be necessary before the county health department or private physician can provide the Board with such a statement. This statement shall include a section stating whether or not it will be necessary for the applicant to have an annual chest x-ray.

Signature of M D.			Print Name of MD.		
Signature of M.D.			Print Name	of M.D.	
	st OR Skin Test (a		ualified to practic	e barbering.	
Result of Tuberculosis	Examination:				
me of person being examined			Date		