

**SOUTH CAROLINA BARBER EXAMINATION
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 Professional Credential Services (PCS) 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 PCS 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.

Name of person being examined

Date

Result of Tuberculosis Examination:

X-Ray of Chest of Skin Test (attach report) _____

I find this applicant free from infectious tuberculin disease and is physically qualified to practice barbering.

Signature of M.D. or medical staff member

Print Name of M.D or medical staff member.

Address

City

State

Zip

County

Phone

M.D. License Number

PLEASE ATTACH TO APPLICATION