

GEORGIA DEPARTMENT OF CORRECTIONS

TUBERCULOSIS SCREENING OF CORRECTIONAL PERSONNEL

ACKNOWLEDGMENT STATEMENT

This is to acknowledge that I have read the Department's procedure governing tuberculosis screening of correctional personnel. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal.

Type/Print Employee Name

Employee Signature

Date

Social Security Number

Retention Schedule: Upon completion of this form, a copy shall be placed in each employee's local personnel file. The original acknowledgement form will be forwarded to Corrections Human Resources Management (CHRM) for placement in the employee's official personnel file.