

Tuberculin (TB) Test

Staff members are required to have a negative test result before coming in to contact with children. Volunteers and substitutes present more than once per week must also have evidence of a negative test.

NAME _____

Last

First

Middle

HOME ADDRESS _____

TELEPHONE NUMBER _____

Evidence of Tuberculin Test:

Type of Test _____ **Date Given:** _____
Date Read: _____

Results Negative Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number