

Tuberculin (TB) Test

All 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** _____

Results Negative Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number