

## 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