

PARENT TUBERCULOSIS (TB) FORM

*A separate TB test or negative screening questionnaire is required for each co-oping adult.
This form or questionnaire should be completed after June 1st.
NO CHILD WILL BE ADMITTED
IF THIS INFORMATION HAS NOT BEEN RECEIVED BY THE FIRST DAY OF SCHOOL.*

PARENT TUBERCULOSIS (TB) TEST

The Virginia Department of Social Services requires that all adults working with children in a preschool shall obtain either a skin test or risk screening questionnaire for tuberculosis every two years. You must submit documentation of a negative tuberculin skin test (TST) or a negative Tuberculosis Screening Questionnaire form completed within the last twelve (12) months.

Ask your physician or physician designee to complete.

Parent Name: _____

Tuberculin Skin Test Administered: ____/____/____ Date Read: ____/____/____

Size: _____mm Result: ____Negative ____Positive

Chest x-ray result attached, if positive

Authorized medical professional signature: _____ Date: _____

Address: _____ Telephone number (____) _____

(OR) Submit a negative Tuberculosis (TB) Risk Screening Questionnaire.

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