

**Almaden Parents' Pre-School Volunteer  
Tuberculosis Screening Report**

**NAME:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
(PLEASE PRINT)

*\*I hereby authorize the release of medical information contained in this report to:  
Almaden Parents' Pre-School, 5805 Cahalan Avenue, San Jose, CA 95123.*

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PREVIOUS HISTORY OF POSITIVE TB SKIN TEST?**

\_\_\_\_\_ **NO** \*Perform PPD / Mantoux Skin Test.

\_\_\_\_\_ **YES** \* Document past skin test result below. Perform chest x-ray.

**PPD / MANTOUX TEST RESULTS:** (\*test must be read within 48-72 hours to be valid)

DATE APPLIED: \_\_\_\_\_

DATE READ: \_\_\_\_\_

INDURATION: \_\_\_\_\_ mm

RESULT: \_\_\_\_\_ **NEGATIVE** \_\_\_\_\_ **POSITIVE**

**CHEST X-RAY PERFORMED?**

\_\_\_\_\_ **NO** \_\_\_\_\_ **YES:** DATE: \_\_\_\_\_

RESULT: \_\_\_\_\_

**FURTHER ACTION?**

\_\_\_\_\_ **NONE / NO COMMUNICABLE TB PRESENT**

\_\_\_\_\_ **TREATMENT:** \_\_\_\_\_

\_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_