

PARKVIEW COOPERATIVE PRE-SCHOOL



4550 Central Avenue
Indianapolis, Indiana 46205
317-921-7000

ADULT'S TUBERCULIN TEST

Name of Child _____ Class _____

To comply with the State Board of Health requirements, participating parents or other participating adults must have an intradermal tuberculin skin test performed and read annually.

Name of Parent/Parents or other participating adult:

Note: In order to comply with health regulations, **all participating** parents (moms and dads) and grandparents, etc. must have a T.B. test in order to participate. If you do not have a form on file, Parkview has the right to ask you to keep your child at home until the T.B. form is completed. If Parkview is assessed a fine due to non-compliance, you will be responsible for paying the fine.

Date and Site of T.B. Testing: _____

Signature and Title of Administrator: _____

Print Name and Phone Number of Administrator: _____

Date and Result of T.B. Test Reading _____

Signature and Title of Test Reading _____

Print Name and Phone Number of Test Reader _____