

Child's Name: \_\_\_\_\_ School Site/Time: \_\_\_\_\_

**ADULT TUBERCULOSIS FORM**

Parents and other volunteers are required to obtain a TB clearance within 120 days prior to enrollment of their child(ren) or within 30 days of volunteering at a site. The TB clearance must be renewed prior to enrollment of the child(ren) the following school year if still in the program (unless enrolled in a child care program).

A Mantoux/PPD is required and the results must be read. The bottom portion of this form may be used for verification.

Parents/volunteers with positive tuberculosis test reading will need to comply with recommendations of the Health Officer and/or TB controller of Sacramento County or their private medical provider. Parents with a positive PPD must provide written medical clearance of active TB before returning to site.

**Adult Tuberculosis Clearance**

I, \_\_\_\_\_, authorize the release of medical information to the Twin Rivers Unified School District Child Care Center listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Medical Provider**

Date of PPD:	Date of Chest X-Ray
Date PPD read:	Results: Negative _____ Positive _____
Results: Negative _____ Positive _____	PPD Medicine Administered: Comments:

Provider Name \_\_\_\_\_ Signature of Provider \_\_\_\_\_

Practice/Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_