

San Diego Unified School District
VOLUNTEER TUBERCULIN TEST CARD

LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH	USUAL VOLUNTEER LOCATION (School)
HOME ADDRESS (NUMBER AND STREET)	CITY	ZIP	PHONE NO.	

INTRADERMAL TUBERCULIN TEST - VOLUNTEER

Be sure this certificate is filed with the Volunteer Coordinator at your school.
Failure to comply with this requirement will prevent your continual volunteer service with the District.

CERTIFICATE OF TUBERCULOSIS EXAMINATION

48-72 hour reading of intradermal tuberculin test was: Positive Negative

Date of skin test _____

Date read _____ Induration _____ m.m

School Nurse _____ Date _____

CERTIFICATE OF TUBERCULOSIS EXAMINATION

I certify that I am a physician and surgeon licensed under Chapter 5 of Division 2 of the Business and Professional Code of the State of California; that I have examined the results of an intradermal tuberculin test and/or an x-ray of the lungs of the above-named person, and I have found him/her free from active tuberculosis.

Physician and Surgeon _____ Date _____

NOT VALID IF UNSIGNED BY PHYSICIAN