

THE GLEN COVE CHILD DAY CARE CENTER INC

PO BOX 191 GLEN COVE NEW YORK 11542 TELEPHONE (516) 671-2880 FAX (516) 671-7401

PARENT/VOLUNTEER TUBERCULOSIS EXAM

At least one parent of enrolled child(ren) and those who wish to volunteer in our program must be free and clear of Tuberculosis. Please complete the following form and return it to the office. Thank you.

Parent / Volunteer Name _____

Parent of _____
(Child's Name)

<p><u>MANTOUX TUBERCULIN TEST</u></p> <p>Date Given _____</p> <p>Date Read _____</p> <p>Result _____</p> <p>_____ Signed Name of Physician/Practitioner</p> <p>_____ Date</p>	<p><u>CHEST X-RAY (if history of positive skin test)</u></p> <p>Date (or estimated year) of positive skin test _____</p> <p>Date X-Ray taken _____</p> <p>Impression _____</p> <p>_____</p> <p>_____ Signed Name of Physician</p> <p>_____ Date</p>
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