



York Suburban School District

Volunteer Tuberculosis Test Form

If you plan to volunteer more than 10 hours per week, the Department of Health requires a tuberculosis skin test or blood test is completed. This completed form should be submitted with you Volunteer Application. If you plan to volunteer less than 10 hours a week you are considered a temporary volunteer and a tuberculosis test is not required.

Name: _____ Date of Birth: _____

TO BE COMPLETED BY A MEDICAL PROVIDER

Provider's Name (printed): _____ Phone: _____

Tuberculosis Skin Test

Step 1

Table with 5 columns: Date/Time Placed, Site (Left/Right checkboxes), Antigen Name, Lot #, Exp. Date

Signature (administered by): _____

Step 2 (within 48-72 hours from date placed)

Table with 3 columns: Date/Time Read, Result (note in mm), Test Result (interpretation) (Negative/Positive checkboxes)

Signature (results read/reported by): _____

OR

Interferon Gamma Release Assay (IGRA) Test

Table with 6 columns: First Test Date, Test (QFT-GIT, T-SPOT, etc.), Positive, Negative, Indeterminate, Borderline

Signature (first test administered by): _____

Table with 6 columns: Second Test Date, Test (QFT-GIT, T-SPOT, etc.), Positive, Negative, Indeterminate, Borderline

Signature (second test administered by): _____