

UPMC Horizon

DATE:

TO: Occupational Medicine

FROM: UPMC Horizon Volunteer Services Department

SUBJECT: VOLUNTEER TUBERCULOSIS TESTING

The following () Adult () Student has made application for volunteer service at UPMC Horizon:

NAME:

Please perform a 2 step tuberculin skin test on the above named individual, complete this form and return to Joni Murray, Manager, Education & Volunteer Services. Thank you.

DATE 1st TEST PERFORMED: _____ DATE 1st TEST READ: _____

RESULT: () Negative () Positive

DATE 2nd TEST PERFORMED: _____ DATE 2nd TEST READ: _____

RESULT: () Negative () Positive

SIGNATURE: _____

(Occupational Medicine Department)

*****ATTENTION STUDENTS UNDER AGE 18: Your parent/guardian must complete the next section**

I give my permission for my child to receive the 2 Step Tuberculin Skin Test.

Parent/Guardian Signature _____ Date: _____