



Centerville Campus
4200 Alder Ave
Fremont, CA 94536
(510) 793-8531

Adult TB Test Verification

Both parents and any other person who participates in the classroom with the children (including special occasions) **MUST** have a copy of a negative TB Tine Test and/or chest x-ray on file. Please have this form completed and signed by your physician, or substitute your physician's comparable form. Licensing regulations require that all volunteers have TB clearance less than one year old at the time of joining the nursery school cooperative.

Mother's TB Test Verification

This is to certify that _____ has had a TB Tine Test and/or chest x-ray on _____. The results were negative positive.

Signature of physician

Date

Father's TB Test Verification

This is to certify that _____ has had a TB Tine Test and/or chest x-ray on _____. The results were negative positive.

Signature of physician

Date

Other TB Test Verification

This is to certify that _____ has had a TB Tine Test and/or chest x-ray on _____. The results were negative positive.

Signature of physician

Date