

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