

Please take this form to your physician.

Name: _____ Date: _____

Address: _____

(city, state, zip)

Bacharach requires a two step TB screen for all volunteers. You must have the first TB test (PPD) within 12 months of your start date. Bacharach will administer the second TB test free of charge upon starting; most often this is done at the mandatory orientation. If you are a known positive, we will need a copy of a chest X-ray performed with the last year.

Date of first TB test: _____ Results: _____

Please check all that apply. I have had:

Chicken pox ___ Rubella (German measles) ___ Mumps ___

Shingles ___ Measles ___

Date of last tetanus _____

Please list any allergies:

Please contact my physician if there is a need for further clarification of medical history or to follow up if it is required because of an inadvertent exposure.

The above-named person has my approval to volunteer at Bacharach Institute.

Physician's signature (please print physician's name) Phone number