

Please take this form to your physician.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(city, state, zip)

New Jersey requires a two step tuberculine screen for all volunteers in the healthcare setting.

If you can document a tuberculine screen within the last 12 months, that will count as the first test, and you only need your doctor to perform the second screen. If you have not had a test within 12 months or cannot provide documentation, you must have 2 screens performed. The second screen can be scheduled from 1 to 3 weeks after the first.

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: \_\_\_\_\_

Date of second 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