

Arlington Unitarian Cooperative Preschool

4444 Arlington Boulevard
Arlington, Virginia 22204
703/892-3878

Parent TB Test Report Form

Name of Patient: _____

On this date _____, the following tuberculosis test was administered:

_____ PPD _____ Chest X-ray _____ Other: _____

The results, which were read on this date _____, were:

_____ negative _____ positive

Not tested _____
Explanation (e.g., not high risk, pregnant, etc):

Signature of Physician

Physician's Name: _____

Address: _____

Telephone: _____