

Tuberculosis Testing Form

10A NCAC 09 .0701 (a) (Centers); .1702 (b)(4) and .1729 (a)(5) & (b) (Family Child Care Homes)

Record of Tuberculosis Test

| Last name (print clearly) | First name | Middle | Date of birth |
|---------------------------|------------|--------|---------------|
| | | | |

Type of test:

Tuberculin

| | |
|------------|---|
| Date given | |
| Date read | |
| Results | MM reading: _____ <input type="checkbox"/> Negative <input type="checkbox"/> Positive |

Interferon Gamma Release Assay

| | |
|---------|--|
| Date | |
| Results | |

Comments:

| Signature of Authorized Health Professional | Date | Location |
|---|------|----------|
| | | |

*This information must be included in the operator or staff member's medical file, which must be maintained separately from the operator or staff member's individual personnel file that is kept on site.

