

**Fairfax Presbyterian Preschool**  
**ADULT T.B. TEST RESULTS FORM**

In accordance with State Licensing Regulations (22VAC 15-30-180) any adult who works with young children must submit documentation of a negative Purified Protein Derivative (PPD) screening. Documentation shall include negative results of the PPD screening, physician's signature, date the screening was given and the date the screening was evaluated. This screening must be current within two years. A separate form is needed for each adult from your family who will be in the classroom (e.g., Dads, Moms, Grandparents, Nannies). These forms must be on file with the preschool office prior to your first day of participation.

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

Child's name for whom you will be participating: \_\_\_\_\_

Tuberculin skin test: PDD \_\_\_\_\_

Positive \_\_\_\_\_

Negative \_\_\_\_\_

**OR**

Chest X-Ray: \_\_\_\_\_

Abnormal \_\_\_\_\_

Normal \_\_\_\_\_

Physician's signature \_\_\_\_\_

Date administered \_\_\_\_\_

Date of evaluation screening \_\_\_\_\_

Doctor's name  
(Please print) \_\_\_\_\_

Doctor's address \_\_\_\_\_

Doctor's office phone number \_\_\_\_\_