SOSMentor
Supporting Our Students Through Mentoring

SOSMENTOR
TB TEST VERIFICATION

Date: _____

Dear Volunteer:

All volunteers must be free of active tuberculosis before they start work. A TB skin test (Mantoux) is mandatory. Multiple puncture tests are not acceptable. If it is positive, a chest X-ray will be required. Chest X-rays without a history of a previous positive Mantoux cannot be accepted. This information must be included on the letter below.

Please take this letter to a private physician, clinic, or public health agency. If you are unable to pay the free required by a public health agency, you may request to have the free waived.

TO BE COMPLETED BY PHYSICIAN/CLINIC:

Patient's Name: _____ DOB: _____

School: _____

THERE IS NO EVIDENCE OF ACTIVE TUBERCULOSIS AS DETERMINED BY:

_____ Mantoux Skin Test (5 TU PPD) _____ Chest X-ray (*only if Mantoux positive*)

DATE GIVEN: _____ DATE READ:_____ DATE OF X-RAY:_____

Given by: _____ X-ray impression: _____

History of Positive Mantoux: _____

_____ _____
Signature of Physician Date report signed

_____ _____ _____
Printed Name of Physician Degree State License #

Business Address: _____
Street City Zip Code

Telephone Number: _____