

**WINNIE-THE-POOH PRESCHOOL
PARENT TB TEST RESULT FORM**

Child's Name

(Last Name) (First Name) (Nickname-opt)

Address

(Address) (City) (Zip)

**Please attach tuberculosis test (tine or chest x-ray)
to this form.**

NAME (please print)

DATE

Relationship to Student

POSITIVE

NEGATIVE

Signature of Physician

NOTE: Only the participating parent is required to have the TB test. If both parents, or other family members plan to participate, then we must have a separate TB Test Result Form for each individual.

NOTE: Some pediatricians will administer this test to parents.