



Victor Valley Seventh-day Adventist School

Where Excellent Education and Core Christian Concepts Meet

17137 Crestview Drive, Victorville, CA 92395 (760) 243-4176 Fax: (760) 245-5606 vvsda.com

TUBERCULIN TEST REPORT Extended Volunteers

| | | |
|--|-------------------------|--|
| Name: _____ Phone: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ Zip: _____ | |
| School: _____ | | |
| TUBERCULIN TEST | | |
| Mantoux Skin Test: Date: _____ Positive: ____ Negative ____ | or | Chest X-Ray: Date: _____ Positive: ____ Negative ____ |
| Physician's Name: _____ | | Date: _____ |
| <small>(Please Type or Print Name)</small> | | |
| Address: _____ | | Phone: _____ |
| Physician's Signature: _____ | | |

Completion of this form meets the State of California requirement for a test for tuberculosis. **Please return the completed form to:**

Southeastern California Conference of SDA
P.O. Box 8050, Riverside, CA 92515
909-509-2311 or Fax 909-509-2392