



29150 Ruus Rd. • Hayward, • CA 94544
Phone (510) 265-5300 Fax: (510) 675-0631
Serving Southern Alameda County • California Child Care Program

Name _____

Date of Birth _____

As a requirement for becoming an exempt provider for child care services through the Child, Family and Community Services, California Child Care Alternative Payment Program, the Department of Education requires a current tuberculosis clearance for the agency records.

You have received a test for tuberculosis, also called a P.P.D. on _____.

Please return to the place where you had the test done in order to get a reading.

Your reading will be done on (date) _____ at (time) _____. If you fail to return on the date above, the reading will not be validated and the P.P.D. will have to be repeated.

Results:

PPD Reaction _____ (mm) Date _____

Chest X-Ray done (place) _____ Results _____
Date: _____

Treatment for active tuberculosis is completed on (date) _____

Preventative treatment for tuberculosis infection for _____ months
Completed on (date) _____

Free of tuberculosis in a contagious state on (date) _____

Signed

Date