



ONE-STEP PPD

In order to protect the health of the residents, employees and volunteers of BGRV, we require that all volunteers who will volunteer **fewer than eight hours per week** have a **one-step PPD/tuberculin test** done prior to actively volunteering. This will be followed annually by a Symptoms questionnaire. This test is required by the **Health Department, OSHA**, and we are able to administer the test at this facility at a cost of \$5.00. If you are a minor, we need written consent from a parent or guardian to perform the test. By signing this form, you are giving permission for a Licensed Nurse, an employee of Brooke Grove, to administer the test.

RELEASE FROM LIABILITY: I hereby release Brooke Grove Foundation, Inc., and/or staff, from any claims of any kind resulting from, or alleged to result from, the effects of the tuberculin skin test. Brooke Grove Foundation, Inc. has my permission to administer the PPD/Tuberculin test.

Signature of Volunteer _____

I am the parent and/or legal guardian of (name of child) _____

Signature of Parent/Guardian _____

■ **TUBERCULIN / PPD TEST** (with results to be read **48 to 72 hours later**)

Name _____ Department VOLUNTEER SERVICES

MANTOUX TEST: 5 Tuberculin Units (TU) of Purified Protein Derivative administered on

_____ at _____ by _____
(date) (time) (nurse's signature)

Measurement of Induration: _____ millimeters on _____ at _____
(date) (time)

by _____
(nurse's signature)

Interpretation: () Negative = 5-9 mm induration and no history of contact with a person with TB in a communicable form; or 0-4 mm induration.

() Positive = 5-9 mm induration and a history of contact with a person with TB in a communicable form; or 10 mm or more induration.