



____ PAID \$5

ONE-STEP PPD

In order to protect the health of the residents, employees and volunteers of BGRV, we require that all volunteers have a **one-step PPD/tuberculin test** done prior to actively volunteering. A negative test is required to volunteer. This will be followed annually by a Symptoms questionnaire which volunteers must fill out every year to continue volunteering.

This test is required by the **HealthDepartment and OSHA**. 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 for us 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.

PLEASE NOTE: If you were born in a country where TB/PPD vaccinations are administered, you will likely test positive so there is no point in having the skin test administered at Brooke Grove. In this case, it makes better sense to call your doctor to find out where to get either a TB/PPD blood test or chest Xray, which must be negative, in order to volunteer. Then, provide the documentation showing the negative results to Volunteer Services.

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.

Printed name of Volunteer _____

Signature of Volunteer _____

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

Signature of Parent/Guardian if volunteer is under 18 years of age _____

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.