

## CO-OP PARENT MEDICAL FORM

Parents who are new to Trinity, or who did not have a child attend last year, are **REQUIRED** to obtain a T.B. test and submit results for our files. Please submit a separate form for each co-oping parent or family member.

**Date** (MM/DD/YY): \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Child's Class** (select all that apply):

AM TWOs     PM TWOs     TTH/TTH Flex     MWF3s     MWF Pre-K     PM Pre-K

My child attended last year and I have T.B. test results on file.

My current test results card is attached to this form.  
*Test must be within 12 months of the start of the school year.*

### T.B. TEST RESULTS

#### INTRADERMAL TUBERCULIN TEST (SKIN TEST)

Date: \_\_\_\_\_ Result:  Negative     Positive

#### CHEST X-RAY (Required if Skin Test is positive)

Date: \_\_\_\_\_ Result:  Negative     Positive

### PHYSICIAN / HEALTHCARE PROVIDER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
Signature