



## AUXILIARY VOLUNTEER TB TEST

*Please present this form along with the order for your TB test to the Registrar.*

Please **print** and complete the following information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### **Note to Registrar:**

- Set-up the Profile for Auxiliary Volunteers as an EMP
- Contact Billing Employer is: HRRMC
  - Occupation is: Auxiliary Volunteer
- Chief Complaint: TB Test
- **A Drug Test is not required for Auxiliary Volunteers**

For questions or issues, please contact: Lezlie Burkley at x2218 or Pamela Myers at x2205.