

TUBERCULOSIS TEST

Name _____ M F

Address _____

Phone Number _____ Date of Birth _____

Tuberculosis – check appropriate box

1. PPD (Mantoux or Tine) test within the past two years (monovac not acceptable).

Result: Positive Negative _____ - _____

Result Positive Negative _____ - _____

2. If the above is positive then the chest x-ray is required. Give date and result of chest x-ray.

Result: Positive Negative _____ - _____

Result Positive Negative _____ - _____

Examining Physician

Name _____

Address _____

Signature _____

Phone Number _____

This form must be completed by a physician along with the Student Medical.