

Tuberculosis (TB) Screening Form

Last Name _____ **First Name** _____ **MI** _____ **Sex** _____ **Date of Birth** _____

Social Security Number _____ **Cell Phone** _____ **Home Telephone** _____ **Work Telephone** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

PHYSICAL/VITAL SIGNS (Good for 1 Year)	TUBERCULOSIS (TB) 1st Step ↓ (Good for 1 Year) <i>Read in 48 - 72 Hours</i>	
Temperature _____	Date Applied	
Pulse _____	Site	
Respiratory Rate _____	Signature	
Blood Pressure _____	Lot #	
	Date Read	
	Signature	
	Results (mm)	

*** A positive TB result with the 1-step Mantoux test necessitates a Chest X-ray*

Chest X-ray: (Attach a copy of the report) Date: _____ Results: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE STUDENT IS FREE FROM ACTIVE TUBERCULOSIS DISEASE

I certify that the above record is true according to produced medical records, physical examinations and/or laboratory confirmation.

Physician Signature: _____ **Date:** _____