

Physical Examination / Vaccinations

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