

Long Beach City College
International Students Tuberculosis Skin Testing Result

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
Last First Middle (month/day/year)

TUBERCULOSIS SCREENING: Completed by the Health Care Provider/Doctor

International students must receive TB Test (PPD/Mantoux). A Chest X-ray is required if skin test is positive. The tuberculin requirement applies regardless of BCG vaccination.

A) TUBERCULOSIS SCREENING:

Date of Tuberculosis Skin Test Given: _____ Date of Reading: _____
(month/day/year) (month/day/year)

Result: _____ mm induration Negative Positive (Chest X-Ray required)

Date of Chest X-Ray screen given: _____ Chest X-Ray Result: Normal Abnormal
(month/day/year)

Patient is in _____ general physical condition and is free from active tuberculosis.

B) HEALTH HISTORY:

History of treatment for tuberculosis infection: Yes No

Treatment start date _____ Duration of treatment: _____
(month/day/year)

Allergies to any medication(s) (list): _____ Medication taken: _____

Comments: _____

C) PHYSICIAN:

Physician Name (print): _____ Date: _____
(month/day/year)

Address: _____

Telephone: _____ Fax: _____

Physician's Signature (required) _____

Physician Stamp