TUBERCULOSIS CLEARANCE

Student's Name _____ _____ _____
Last First Middle
Country of Citizenship_____ Birthdate _____
Month/Date/Year

TO BE COMPLETED BY PHYSICIAN or CLINICIAN

Mantoux, TB skin test completed within one year:

Date given _____ Date read _____ Induration ___ ___ (mm)

Name of Physician/ Clinician _____

Address of Clinic/Hospital/Office_____

Phone Number _____

Signature of Physician/Clinician _____ Date _____

If the mantoux induration is greater than 10mm, a chest X-ray report showing no evidence of tuberculosis is required. The chest X-ray result must be dated within one year of the positive mantoux, skin test. Please fill in the information below or attach a copy of chest x-ray report document. X-ray films are not accepted.

X-ray information:

Date _____ X ray Result: Positive ☐ Negative ☐

Name of Physician/ Clinician _____

Address of Clinic/Hospital/Office_____

Phone Number _____

Signature of Physician/Clinician _____ Date _____

COLLEGE OF THE CANYONS

Please complete and return this form to: International Students Program
College of the Canyons
26455 Rockwell Canyon Road
Santa Clarita CA 91355