TUBERCULOSIS CLEARANCE

Student's Name _____ Date _____
Last First Middle Month./Date/Year

Country of Origin _____ Birthdate _____
Month/Date/Year

TO BE COMPLETED BY PHYSICIAN

1. **Mantoux: (Completed within one year)**

   Date given _____ Date read _____

   Induration _____ Erythema _____

   - When Mantoux induration is greater than 10mm, a chest X-ray report showing no evidence of TB disease is required.

2. **Chest X-ray: (Completed within one year)**

   Date _____ Result _____

Name of Physician _____

Address _____

Phone Number _____

Signature of Physician _____ Date _____