



TUBERCULOSIS TEST FORM

Student: _____ **ECC Student ID Number:** _____

East Central College requires any and all students answering “yes” to one or more of the tuberculosis (TB) screening questions on the Application for Admission to complete the TB Risk Assessment Form prior to enrolling in coursework (per Missouri Senate Bill 197). If the student has completed TB testing within the last 12 months, they can provide a copy of those results in lieu of completing this form. Please submit any additional information given to you, along with this form, to:

Admissions
East Central College
1964 Prairie Dell Road
Union, MO 63084
admissions@eastcentral.edu
636.584.6588

The following is to be completed by a medical professional:

Patient Name: _____ Date of Birth: _____

TB Test Date: _____ TB Result/Read: _____

Name of Medical Professional: _____ Signature: _____

Note: if the result of the tuberculin skin test is positive, a chest x-ray is required.

X-Ray Date: _____ Date X-Ray was Read: _____ X-Ray Result: _____

Name of Hospital/Clinic: _____

Address: _____

Phone: _____ Date: _____

Name of Medical Professional: _____ Signature: _____