

TUBERCULOSIS TEST FORM

Student:	ECC Student ID Number:		
screening questions on the Appenrolling in coursework (per M	olication for Admission to complete issouri Senate Bill 197). If the stude copy of those results in lieu of com	" to one or more of the tuberculosis (TB) the TB Risk Assessment Form prior to ent has completed TB testing within the last apleting this form. Please submit any	
	Admissions		
	East Central College		
	1964 Prairie Dell Road		
	Union, MO 63084		
	admissions@eastcentral.e	<u>edu</u>	
	636.584.6588		
	The following is	s to be completed by a medical professional:	
Patient Name:		Date of Birth:	
TB Test Date:	TB Resu	TB Result AND Date Read:	
Name of Medical Professional:		Signature:	
Note: if the result of the tuber	culin 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: _____