

# TUBERCULIN TEST REPORT

## CLASSIFIED -EDUCATIONAL PERSONNEL

Southeastern California Conference of SDA  
P O Box 8050, Riverside, CA 92515  
(951) 509-2307 or FAX (951) 509-2392

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

## TUBERCULIN TEST

### Mantoux Skin Test:

Date: \_\_\_\_\_

Positive \_\_\_\_ Negative \_\_\_\_

or

### Chest X-Ray:

Date: \_\_\_\_\_

Positive \_\_\_\_ Negative \_\_\_\_

Physician's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Type or Print Name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Completion of this form meets the State of California requirement for a test for tuberculosis. **Please return the completed form to:**

**Rosie Hing, Secretary/Personnel Records**  
**Southeastern California Conference**  
**Office of Education, P O Box 8050, Riverside, CA 92515**