TUBERCULIN TEST REPORT

Southeastern California Conference of SDA
P O Box 79990, Riverside, CA 92513
(951) 509-2311 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:**

Kathi Christenson, Secretary
Southeastern California Conference
Office of Education, P O Box 79990, Riverside, CA 92513

06-12