



ISB TUBERCULOSIS SCREENING FORM

Student's Name _____ Date of Birth _____

Grade _____ is required to show evidence that he/she is clear of Tuberculosis (TB).

This form must be returned within 20 school days otherwise, the student will not be allowed to attend classes.

TB Screening Requirement: All new ISB students are required to provide evidence of ONE (1) of the following:

BCG VACCINATION

A BCG vaccination no more than 5 years prior to enrollment at ISB:

Date Given: _____

TUBERCULIN SKIN TEST

Results of a TB skin test within one year prior to enrollment at ISB

Date Given: _____ Date Read: _____

mm induration: _____ Test Result: _____

Signature of Physician

(_____)

CHEST X-RAY

Results of a chest x-ray reading done within one year prior to enrollment at ISB

Date of x-ray: _____ Results of Reading: _____

Signature of Physician

(_____)

OTHER

Method used: _____

Date: _____ Results: _____

Signature of Physician

(_____)

***If you have any questions, please call an ISB school nurse at +662-960-4109. Thank you.**