



**Please return this form to Health Office after completion.*

Tuberculosis Screening

Student Name: Last _____, First _____ Student ID: _____

All students enrolled at Seoul Foreign School are required to have either PPD skin test OR chest X-ray every other year.

Test Performed (circle one)	Date (mm/dd/yyyy)	Result
PPD skin test OR Chest X-ray		PPD skin test: Chest X-ray:

Please Note:

- If PPD skin test result is positive, a chest X-ray is required.
- A BCG vaccine does not exempt a student from completing the TB requirement to attend SFS.

Physician Signature	Date of Examination (mm/dd/yyyy)
Physician's Printed Name	Clinic Name & Phone Number