

Tuberculosis Screening Report

As a condition of acceptance, every student will submit this form signed by a licensed physician, or registered nurse, stating said student is free from tuberculosis. The report is to be based on recorded results of x-rays, skin tests, and other examinations, singly or in combination, as deemed necessary by the physician that have been performed.

To be completed by student:

Name _____

Address _____

Phone Number _____

Signature _____ Date _____

To be completed by Physician

I hereby certify that on the basis of skin tests, x-rays, and other examination, singly or in combination, the above named person appears to be free of communicable tuberculosis.

Dates of skin tests, x-rays, and other examinations _____

Signature _____

Printed Name _____

Address _____

_____ I am a licensed Physician in _____ (state)

_____ I am a Registered Nurse licensed pursuant to Virginia's Board of Nursing.

Please return this form to the Regent University Coordinator of Licensure Programs.