

Please return this form to the Nurse Office after completion.

Student Name: Last \_\_\_\_\_, First \_\_\_\_\_, D.O.B \_\_\_\_\_, Grade \_\_\_\_\_

### Tuberculosis Screening

All students enrolled at **Seoul International School** are required to have either PPD skin test/IGRA or Chest X-ray **every 3 year.**

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

**Please Note:**

- \* If PPD skin test(or IGRA) result is positive, a chest X-ray is required.
- \* A BCG vaccine does not exempt a student from completing the TB requirement to attend SIS.

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

Seoul International School Nurse Office

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