Simpson College TB Testing Form for International Students

Student:		_ Year of Entry: _	Cell F	Phone:
International Students: Form. The screening for		•	•	nternational TB Screening
complete a tuberculosis Simpson). The complete	risk assessment (to be d screening form and r	completed within esults of the asse	6 months pricessment/testing	es that a health care provided or to beginning studies at g will be required as part of ecember 1 if starting in the
Students who do not sub required to complete the assessment at Warren C	TB screening question	nnaire. If indicated	I, the student r	must obtain a TB
	. K Director o ? 7 Ind Or fa	of testing, please returnative Lee RN, BSN of Student Health Service Simpson College 101 North C Street Ilianola, Iowa 50125 x to +1-515-961-1674 ons, call +1-515-961	vices	
Name:	DOB:			
TEST #1: Date given:	Location:	Administer	ed by:	
Date read:	Results: Negative:	Positive:	Indurations:	
Read by:				
	Testing	Resources in Indiar	ıola	
Warren County Public: Cost \$2 301 N. Buxton Suite 203 +1-515-961-1074 Fax: +1-515-961-1083 wchs@co.warren.ia.us	301 E. F +1-515- FAX: + Mon-Th	ola Family Practice/Un Hillcrest Avenue 961-3700 1-515-962-0160 hurs: 8AM-7PM 4-5PM Sat/Sun: Closed		Mercy Indianola 307 Scenic Valley Avenue +1-515-961-8448 FAX: +1-515-643-9100 Mon-Fri:8AM-8PM Sat: 8AM-2PM Sun:Noon-5PM

The Iowa Clinic 1504 N. 1st St.

+1-515-875-9520 Fax: +1-515-875-9521

Mon-Fri 7am-5:30pm, Sat/Sun-closed