



SANTA ANA COLLEGE

Physicians Report

Student Name: _____
Last First Middle

Date of Birth: _____
mm/dd/yyyy

I am applying to study at Santa Ana College. As part of the admission requirements, I have been asked to submit my TB test results to the school that I am applying for admission. Therefore, I give permission to my physician(s) to release the information requested on this form.

Date: _____ Applicant's Signature: _____
mm/dd/yyyy

A. Test Results:

TB Mantoux test done _____
 on: mm/dd/yyyy

Test was read on: mm/dd/yyyy

IMPORTANT: Attach a copy of the TB test result. If the TB test is positive, also include chest x ray report.

He/She is in _____ general physical condition and is free from active tuberculosis.

Blood Pressure _____

B. Health Problems:

Allergies _____

Medications Taken _____

C. Additional Comments: _____

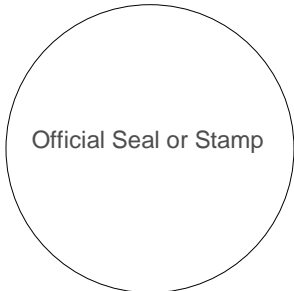
D. Physician:

Name of Physician _____

Signature _____ Date _____

Address _____

Telephone _____ Fax _____



ALL SECTIONS OF THIS FORM MUST BE COMPLETED.