



# 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.**