

MIDDLE TENNESSEE STATE UNIVERSITY

ALL INFORMATION MUST BE IN ENGLISH

TUBERCULOSIS MEDICAL REQUIREMENT

THIS FORM IS REQUIRED BEFORE YOUR FILE CAN BE REVIEWED FOR AN ADMISSION DECISION.

CERTIFICATE OF FREEDOM FROM TUBERCULOSIS cannot be dated (2) years older than the applicant's entry date.

This is to certify that _____
(Last or Family Name) (First Name)

Date of Birth _____ Social Security or ID NUMBER _____
MONTH DAY YEAR

has been examined by me and found to be free from tuberculosis.

METHOD OF VERIFICATION (Must have used one of the two methods listed.)

A. TB Skin Test _____
Date Given Type Given Results

****NOTE**** If skin test is negative, no chest X-ray is required.
If skin test is positive, the chest X-ray is required and you must complete Part B.

B. Chest X-ray _____
Date Taken Results

Signature of Licensed Physician Address:
Or
Qualified Medical Authority _____

and Phone #: _____

Office Stamp

A Tennessee Board of Regents Institution MTSU is an equal opportunity, non-racially identifiable, educational institution that does not discriminate against individuals with disabilities.