



## TUBERCULOSIS FORM

### STUDENT INFORMATION

Last Name:		First Name:		Middle Initial:				
Program: <i>(please check one)</i>	<input type="checkbox"/> ACE	<input type="checkbox"/> Co-op	<input type="checkbox"/> RN-BSN	<input type="checkbox"/> MSN - NP	<input type="checkbox"/> MSN – Advanced Role	<input type="checkbox"/> DrNP	<input type="checkbox"/> NUAN	<input type="checkbox"/> PA
	<input type="checkbox"/> HSAD	<input type="checkbox"/> HSCI	<input type="checkbox"/> NS/ISPP	<input type="checkbox"/> BHC	<input type="checkbox"/> CFT	<input type="checkbox"/> CAT	<input type="checkbox"/> RT	<input type="checkbox"/> DPT

### TUBERCULOSIS

<b>2-Step PPD Tuberculin Skin Test:</b> (Mantoux) 2 <sup>nd</sup> Step must be within 7-9 days	Date given:	Date read:	Results: _____ mm induration <input type="checkbox"/> Negative <input type="checkbox"/> Positive	If positive PPD result: Date of Chest X-Ray _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
	1st PPD Tuberculin Skin Test			
	2 <sup>nd</sup> PPD Tuberculin Skin Test			
<b>OR Interferon Gamma Release Assay (IGRA)</b>	Date obtained:	T-Spot Quantiferon <i>(please circle)</i>	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	If positive result: Date of Chest X-Ray _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

<b>OR Chest X-Ray required if tuberculin skin test OR IGRA Test is positive.</b> Copy of x-ray or IGRA must also be attached.	Result:	Date of Chest X-Ray:	Positive test results:	Date treatment started:	Date treatment completed:
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### HEALTH CARE EXAMINER'S STATEMENT

I have verified that the individual I have examined is the named individual on this page (1) and that the above tests/vaccinations were performed in this office/laboratory or I have reviewed any documentation relative to the student's immunization record.	
<b>Examiner's Name (please print)</b>	
<b>License #:</b>	<b>Phone:</b>
<b>Signature of Health Care Examiner:</b>	<b>Date:</b>