



# Tuberculosis Screening/Testing Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

All students must complete either section **A** or **B** below. Please refer to the VCOM Immunization Policy for detailed instructions and explanation.

## A. 2-Step Tuberculin Skin Test

### Test 1:

Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo/Day/Yr)      Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Mo/Day/Yr)

Result: \_\_\_\_\_ mm       Positive  Negative (Record actual mm of induration, transverse diameter; if no induration, write "0")

**\*Tests must have at least 7 days but not more than 3 weeks between 1st reading and 2nd placement or the series must be repeated**

### Test 2: **(Must be administered at least 7 days after 1<sup>st</sup> Reading)**

Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MoDayYr)      Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MoDayYr)

Result: \_\_\_\_\_ mm       Positive  Negative (Record actual mm of induration, transverse diameter; if no induration, write "0")

**OR**

## B. Immunoassay Blood Test

Date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Results:  Positive  Negative

**\*\*If TB test is POSITIVE, please proceed to sections C and D below.**

## C. Chest X-Ray (required ONLY if Tuberculin Skin test or Immunoassay Blood Test is POSITIVE; or if history of positive PPD and/or patient is at risk of active disease.

Result:  Normal  Abnormal      Date of last chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_

## D. Previously Treated LTBI—students previously treated for LTBI must complete the following:

Dates (i.e. length) and details (i.e. drugs, dose) of LTBI treatment regimen: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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## HEALTH CARE PROVIDER or NURSE:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_