

**TUBERCULOSIS (TB) TESTING INSTRUCTIONS/DOCUMENTATION FORM**

If you answered **NO** to all the TB screening questions, no further testing or action is required.

**If you answered YES to any of the first 5 questions and NO to question 7:** further testing for TB is required.

**If you answered YES to question 6:** an IGRA TB blood test (TB QuantiFERON Gold, TB-spot) is required within 6 months prior to the start of classes.

**If you answered NO to question 6:** a PPD skin test OR a TB blood test (as listed above) is required. The PPD skin test must be performed in the United States. Alternatively, an IGRA blood test can be

Please have your health care provider document the results of your test below. Sign the form and upload it with your immunizations record in the Student Health Portal.

**If you answered YES to question 7:** you do not need to be retested but you must provide documentation of a negative chest x-ray done in the United States (within 6 months prior to the start of classes), and provide documentation of any medication and treatment you received for your positive TB test.

Please upload the required documentation in the Student Health Portal.

**TB TESTING DOCUMENTATION**

Date TB skin test done: \_\_\_\_\_ Date TB test read (must be read within 48-72 hours): \_\_\_\_\_

Results (must be recorded in mm of induration; if no induration, write "0"): \_\_\_\_\_ mm

TB QuantiFERON Gold test date: \_\_\_\_\_ OR TSPOT test date: \_\_\_\_\_

Blood test result:  Positive  Negative  Indeterminate

Chest x-ray (required if TB skin test is positive): Date: \_\_\_\_\_

Result:  Normal  Abnormal

Dates of treatment: \_\_\_\_\_

Signature of Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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

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