



## TUBERCULOSIS (TB) TESTING INSTRUCTIONS/DOCUMENTATION FORM

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

### **If you answered "Yes" to any of the first 6 questions but No to question 7:**

- You are required to have a PPD skin test or TB blood test (IGRA, TB Quantiferon Gold, TB-spot) within 6 months prior to the start of classes.
- Please have your provider document the results of your testing below, sign the form, and forward it along with your immunization record to Salve Regina University Health Services.

### **If you answered Yes to question 7:**

- You do not need to be retested.
- You must provide documentation of a negative chest x-ray (within 6 months prior to the start of classes), and documentation of any medication and treatment for your positive TB test.
- Please attach documentation to this form and forward with your immunization record to Salve Regina University Health Services.

### **TB TESTING DOCUMENTATION**

Date TB skin test given: \_\_\_\_\_ Date TB skin test read (must be read in 48-72 hrs.): \_\_\_\_\_

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 Physician / Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Physician / Medical Provider Name: (Please Print) / Clinic Stamp: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_