



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 5 questions and No to question 7: then you are required to have further testing for TB.

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

If you answered No to question 6: you can complete a PPD skin test, or a TB Blood test as listed above. The PPD skin test must be performed in the U.S. Alternately an IGRA blood test can be completed world-wide.

Please have your provider document the results of your testing below. Sign the form and forward with your immunization record to Salve Regina University Health Services.

If you answered Yes to question 7: then you do not need to be retested but must provide documentation of a negative chest x-ray done in the U.S (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 it 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: _____