Program____________________

Incoming Nursing/Health Professions Students – Tuberculosis (TB) Screening Requirement

Part A must be completed by you. Part B must be completed by your physician or healthcare provider. Please return the completed form to The Office of Health Services, HS-100, Pitkin Education Center.

Part A

Name:_________________________________________ Date of birth: _____________

Student ID: ___________________________ Email address: ___________________________

Home Phone: ___________________________ Cell Phone: ___________________________

Part B

Tuberculosis (TB) Screening: In order to be cleared for clinical participation, you are required to submit the date and results of either a PPD skin test OR an interferon gamma release assay (IGRA) blood test such as Quantiferon Gold.

*A 2-Step PPD skin test is necessary unless a PPD was done within the past calendar year.* If a 1-Step PPD was done within the past calendar year, documentation must be entered below. If an annual PPD was missed, a 2-Step PPD skin test must be done within 6 months of starting your program.

PPD(Mantoux) #1:_________ (date administered) _________ (date read- 48-72 hrs. after injection)

Results: positive_________ negative (circle one); report positive results in millimeters.

PPD(Mantoux)#2:_________ (date administered) _________ (date read- 48-72 hrs. after injection)

Results: positive_________ negative (circle one); report positive results in millimeters.

OR

Quantiferon Gold blood test may be used in place of PPD – Lab report must be attached

__________ (date of test) Result: positive negative (circle one)

Chest X-ray is required if PPD or Q-Gold result is positive. Chest X-ray must be performed within 6 months of starting program. Chest X-ray report must be attached.

If result of the Q-Gold blood test is indeterminate, repeat Q-Gold or administer PPD skin test.

Signature of physician or healthcare provider: ___________________________ Date: _____________

Healthcare Address Stamp:

Rev 4/13