



Student ID # \_\_\_\_\_

Program of Study \_\_\_\_\_

400 Paramus Road  
Paramus, New Jersey  
07652-1595  
Phone (201) 447-9257  
healthservices@bergen.edu

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

Please complete Part A. 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**

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Part B**

**Tuberculosis (TB) Screening:** In order to be cleared for clinical participation, you are required to submit the date and result 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 must be done within 6 months of starting program.**

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

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

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

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

OR

**Quantiferon Gold blood test OR Spot 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: