

| |
|---------------------|
| Student name: _____ |
| Student ID #: _____ |

Tuberculosis Screening:

Does the student have signs or symptoms of active tuberculosis disease? Yes ____ No ____
Is the student a member of a high-risk group? Yes ____ No ____

Has the student had either

- a negative quatIFERON test or 2 step PPD within the last year

OR

- a negative quantiFERON test or 2 step PPD with a negative one-step PPD every year since ?

If **yes**, student needs a one-step PPD. If **no**, student needs a two-step PPD **or** QuantiFERON test.

Step 1: PPD/Tuberculin Skin Test -

Date Given: ____/____/____ Date Read: ____/____/____

Result: _____ (Record actual mm of induration, transverse diameter, if no induration, write "0")

Interpretation: Negative ____ Positive ____

Step 2: PPD/Tuberculin Skin Test -

Date Given: ____/____/____ Date Read: ____/____/____

Result: _____ (Record actual mm of induration, transverse diameter, if no induration, write "0")

Interpretation: Negative ____ Positive ____

QuantiFERON test: Date: ____/____/____

Negative ____ Positive ____ COPY OF REPORT REQUIRED

If the student has had a positive TB test in the past, he or she will need to meet with Student Health to determine the best course of action.

Signature of Health Care Professional: _____

Name of Health Care Professional: _____

Title of Health Care Professional: _____

Date form completed: _____