



Tuberculosis Screening

As per Health Sciences Program Policy - [Clinical Requirements](#), the result of a Two-Step TB screening is required as part of enrolling in a Health Sciences program.

Complete and submit this form with healthcare provider documentation of results attached.

STOP! If you have ever had a positive PPD which required you to have a QuantiFERON Gold TB test or chest x-ray, **you must not** take further PPD tests. Please refer to the Clinical Requirements policy and/or talk with your healthcare provider or Health Services staff for more information. If you have had a BCG vaccine, you may be eligible to use the QuantiFERON Gold TB test instead of x-ray and medical clearance.

Name: _____ Age: _____ Date: _____
Student ID#: _____ Date of Birth: _____
Phone #: _____ Email: _____

NEW STUDENTS:

Date Administered #1: _____ Result: Positive Negative

Date Administered #2: _____ Result: Positive Negative

Attach a copy of the 2nd TB screening administration and interpretation form from your health care provider.

I am at least 18 years of age and verify that I have completed the 2-Step Process for Tuberculosis Screening with 2 negative test results within the prior 12 months, the second of which is within 6 months prior to enrollment in my Health Science program (or within 90 days of starting clinical for the NA/HHA program only).

(Student Signature) Date: _____

CONTINUING STUDENTS:

Date Administered: _____ Result: Positive Negative

Attach a copy of the TB screening administration and interpretation form from your health care provider.

I am at least 18 years of age (under 18 requires written parental consent) and verify that I have completed a Tuberculosis Screening Skin Test.

(Student Signature) Date: _____