



## 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: \_\_\_\_\_