TUBERCULOSIS (TB) TESTING RECORD FORM

Name: ____________________________________________

CSU ID: ___________________________ Date of Birth: ____________________________

The following must be completed by a healthcare provider:

A TB blood test (IGRA) is preferred for individuals with a history of BCG vaccination.

(***If you have a history of treatment for latent TB infection or treatment for active TB disease, you must provide documentation of this treatment. You do not need to have a TB skin test or blood test repeated. Screening will be based on symptoms and, in some situations, a chest x-ray may be required***)

Tuberculin Skin Test (Mantoux only; no tine tests). TB skin test must be completed within 6 months prior to the start of classes. Please include a copy of test record if available. Results must be recorded in millimeters of induration. If no induration, please write “0mm”.

Date given: ____/____/____ Date read: ____/____/____ Result: _________mm

Interpretation (based on mm of induration and risk factors) Positive _____ Negative ______

-OR-

TB Blood Test (IGRA). Both T-Spot and QuantiFERON Gold are accepted. TB blood test must be completed within 6 months prior to the start of classes. Please check one: T-spot ______ QuantiFERON-TB Gold ______

Date of test: ____/____/____ Result: ________________________________

Chest x-ray (Chest x-ray is required if TB skin test or TB blood test is positive in order to rule out active TB disease) Chest x-ray must be completed within 6 months prior to the start of classes. A chest x-ray should not be performed in place of a TB skin test or blood test. If chest x-ray indicated and performed, please included radiology report.

Result: Normal _____ Abnormal _____ Date of chest x-ray: ____/____/____

Medical Provider or Nurse Signature ____________________________________________

Address ____________________________________________

Date ____________ Phone ____________ Fax ____________

Rev 4/2018