

TB test Result Form

Name: _____

DOB: _____

The following must be completed by a physician's office:

- Tuberculin Skin Test (Mantoux only; no tine tests)

Must be completed within 12 months prior to the start of classes.

Date given: ___/___/___ Date read: ___/___/___

Result: _____ mm (record in actual mm of induration. If no induration, write "0".)

Interpretation (based on mm of induration as well as risk factors):

Positive _____ *Negative* _____

OR

- T-spot lab test _____

Must be completed within 12 months prior to the start of classes.

Date of test: ___/___/___ Result: _____

- If either TB skin test or T-spot lab test are **positive**, then a chest x-ray is required:

Chest x-ray results: Normal _____ Abnormal _____

Date of chest x-ray: ___/___/___

Physician or Nurse Signature

Date

Official Office Stamp

*Note: Your physician's office may use its own TB test form to reports results, or you may be submitting results from a TB test administered within the last 12 months. If so, please attach that documentation. Please indicate dates when the test was administered and read.