Student Tuberculosis (TB) Testing
Nursing and Nursing Assistant

Prior to admission students must provide proof of negative TB status by submitting one of the options below:

1. Two-Step TB skin test (TST). A single annual TB screening schedule can be maintained every year thereafter.
2. Approved TB screening blood test.
3. If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, see option 3 below.

Name: ___________________________________________  SID: ___________________________
(Please Print)

OPTION 1: 2-Step TST

FIRST STEP OF THE TWO-STEP TB SKIN TEST (TST):
Date Test Given (mm/dd/yyyy): ______________ Test Given by: _______________________________
Site: □ Left Forearm  □ Right Forearm  Manufacturer/Lot #: _______________________________
Date Test Read (mm/dd/yyyy): _______________ Test Read by: _______________________________
Interpretation: □ Negative  □ Positive  Measurement of Induration (in millimeters): ___________mm

SECOND STEP OF TWO-STEP TB SKIN TEST (TST):
Date Test Given (mm/dd/yyyy): ______________ Test Given by: _______________________________
Site: □ Left Forearm  □ Right Forearm  Manufacturer/Lot #: _______________________________
Date Test Read (mm/dd/yyyy): _______________ Test Read by: _______________________________
Interpretation: □ Negative  □ Positive  Measurement of Induration (in millimeters): ___________mm

– OR –

OPTION 2: TB Screening Blood Test

INTERFERON-GAMMA RELEASE ASSAY (IGRA) – Quantiferon or T-Spot:
Date Test Given (mm/dd/yyyy): ___________________________ Test Given by: ___________________________
Interpretation: □ Negative  □ Positive

**In the event of a positive result: If a tuberculin skin test or the IGRA blood test is positive or a person exhibits signs and symptoms suspicious for tuberculosis, a medical evaluation is required.**

OPTION 3:
If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, perform an annual risk assessment/symptom check with your healthcare provider instead of the TST or IGRA. Repeat Chest x-ray is only required if symptoms develop.

CHEST X-RAY
Documentation that the Chest X-Ray was performed to rule-out tuberculosis due to a positive TB skin test, IGRA blood test or due to the development of signs or symptoms of tuberculosis must be in the Chest X-Ray report or comments.

Date of Chest X-Ray (mm/dd/yyyy): ___________________________
Interpretation: □ Normal  □ Abnormal  Healthcare Provider Signature: ___________________________

Symptom Review Statement:
____________________________________________________________________________________
____________________________________________________________________________________