Student Tuberculosis (TB) Testing

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: ___________________________ DATE: ___________________________

Symptom Review Statement:
You can get your immunizations updated and receive the TST skin testing at the following locations. Please contact testing sites to verify the current fee and scheduling information:

<table>
<thead>
<tr>
<th>Testing Sites</th>
<th>Testing Schedule</th>
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<tbody>
<tr>
<td>Your personal physician</td>
<td>Varies</td>
</tr>
<tr>
<td>Your employer if you work in healthcare</td>
<td>Varies</td>
</tr>
<tr>
<td>Whatcom Occupational Health</td>
<td>Mon, Wed, Fri: 7:30am – 5:30pm</td>
</tr>
<tr>
<td>3010 Squalicum Pkwy</td>
<td>Tuesday: 7:30am – 6:00pm</td>
</tr>
<tr>
<td>Bellingham, WA 98225</td>
<td>Thursday: 7:30am – 7:00pm</td>
</tr>
<tr>
<td>(360) 676-1693 – No appointment needed</td>
<td>Saturday: 9:00am – 1:00pm</td>
</tr>
<tr>
<td>Cost: $50 ($25 due at each injection appointment)</td>
<td></td>
</tr>
<tr>
<td>Walk in Health Clinic</td>
<td>Monday – Sunday: 8:30am – 5:00pm</td>
</tr>
<tr>
<td>2220 Cornwall Ave</td>
<td></td>
</tr>
<tr>
<td>Bellingham, WA 98225</td>
<td></td>
</tr>
<tr>
<td>(360) 734-2330 – No appointment needed</td>
<td></td>
</tr>
<tr>
<td>Cost: $50 ($25 due at each injection appointment)</td>
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