

TB Test Results



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 report 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 with the test was administered and read.