

### TUBERCULOSIS TEST FORM

Since you have answered YES to one or more of the questions on the Tuberculosis Screening Form, you MUST have a Tuberculosis Skin Test (PPD) and have your health care provider fill in the following information:

**Student Information:** (Student completes)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ CSU ID# \_\_\_\_\_

\_\_\_\_\_

**TB Test Information:** (Physician or Nurse completes)

- Tuberculin Skin Test (Mantoux only; no tine tests). Must have been done in the past 12 months.  
Date given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Result: \_\_\_\_\_ (Record in actual mm of induration. If no induration, write "0".)  
Interpretation (base on mm of induration as well as risk factors): Positive \_\_\_\_\_ Negative \_\_\_\_\_
- Chest x-ray (required if TB test is positive):  
Result: \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Physician or Nurse Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax