TB (Tuberculosis) TEST VERIFICATION FORM

Page 1: Year 1 Clinical Pre-Licensure Students (BSN Sophomores & Year 1 MIDAS Students)
FNP Students are also required to provide verification of absence of TB

STUDENT: COMPLETE THIS SECTION

I understand that in the first year of clinicals I must obtain and submit documentation of a negative two-step TB test (given/read and 1-3 weeks later given/read again). Annually thereafter I must obtain and submit proof of absence of tuberculosis. After year 1, the usual method of meeting this requirement is verification of a one-step negative tuberculin skin test (two-step in first clinical year and one-step annually thereafter) or a negative QuantiFERON TB Gold blood test.

If a student has had a positive TB test, chest X-ray results are required, followed annually by a completed symptom check form.

Student signature ______________________________________________ Date ______
Student printed name ____________________________________________ DOB ___________

HEALTH PROFESSIONAL: COMPLETE THIS SECTION (or provide student with your facility’s verification which must include results)

Mantoux Skin Test #1 (THIS 2 STEP SERIES TB TEST IS ONLY REQUIRED IN YEAR 1 OF CLINICAL COURSES.)

Date Given ________________ Given by __________________________________________
Signature Credentials

Date Read ________________ Read by __________________________________________
Result _____________ record as MM induration
Signature Credentials

Mantoux Skin Test #2 (STEP #2 GIVEN 1-3 WEEKS AFTER STEP #1).

Date Given ________________ Given by __________________________________________
Signature Credentials

Date Read ________________ Read by __________________________________________
Result _____________ record as MM induration
Signature Credentials

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB

Provide documentation of results of a negative blood test for TB OR
Provide documentation of a current negative TB test and a negative TB test within the prior 12 months. OR
Provide documentation of results of a negative chest X-ray (< 1 yr. old). Requirement for subsequent years, rather than additional chest x-rays, is a Symptom Checklist completed by a medical professional verifying absence of TB symptoms.

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER (if not on attached verification):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
TB (Tuberculosis) TEST VERIFICATION FORM

Page 2: BSN Juniors, BSN Seniors, Year 2 MIDAS Students and FNP students

**STUDENT: COMPLETE THIS SECTION**

I understand that annually I must obtain and submit proof of absence of tuberculosis. The usual method of meeting this requirement is verification of negative tuberculin skin testing. Alternately, submission annually of negative results of a blood test for TB meets this requirement. If a chest X-ray is warranted, results of the chest X-ray followed by annual symptom checks are required. The TB Symptom Check form is available at www.xavier.edu/nursing/Current-Students.cfm.

If my health status changes, I will inform the School of Nursing (SON) and my instructor to avoid putting my health and academic status at risk. It is my responsibility to maintain copies (future employers, etc. may require records).

Student signature ___________________________ Date __________

Student printed name ___________________________ DOB __________

**HEALTH PROFESSIONAL: COMPLETE THIS SECTION**

Mantoux Skin Test (THE 1 STEP TB TEST IS REQUIRED IN YEAR 2 OF CLINICAL COURSES.)

Date Given ________________ Given by ____________________________________________

Signature Credentials

Date Read ________________ Read by ____________________________________________

Result _____________ record as MM induration

Signature Credentials

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

__________________________________________

__________________________________________

__________________________________________

__________________________________________

**ALTERNATE FORMS OF VERIFICATION OF ABSENCE OF TB**

Provide results of a negative blood test for TB

OR

Provide (if Year 1 verification was a chest x-ray), a Symptom Checklist completed by a health professional verifying absence of TB symptoms (form at www.xavier.edu/nursing/Current-Students.cfm).

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER (if not on attached verification):

__________________________________________

__________________________________________

__________________________________________

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Instructions for submission of documentation are at www.xavier.edu/nursing/Current-Students.cfm