



TB (Tuberculosis) TEST VERIFICATION FORM

**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 TB 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

Must be read within 48 to 72 hours by a licensed healthcare professional

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

Must be read within 48 to 72 hours by a licensed healthcare professional

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):

