

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



College of Nursing
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Cincinnati, OH 45207-7351
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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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