Xavier College of Nursing
3800 Victory Parkway
Cincinnati, OH 45207-7351
513 745-3814

TB (Tuberculosis) TEST VERIFICATION FORM

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 College of Nursing 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

_____

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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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