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 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 ____________________

Date Read ______________ Read by ________________________ Signature ____________ Result ____________ record as MM induration

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

Date Given ____________ Given by __________________________ Signature ____________ Credentials ____________________

Date Read ______________ Read by ________________________ Signature ____________ Result ____________ record as MM induration

NAME/ADDRESS/PHONE OF HEALTH CARE PROVIDER

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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):

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TB_Form, 5/11/2018, 5/8/2018