## University of Lynchburg Health Services

## **Tuberculosis Testing**

| Name:   |   | DOB:  |  | Student ID:                            |
|---|---|---|--|--|
| Last  | First   | MI  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | screening must unde<br>before the start of the  | _   | kin Test <b>OR</b> an                  | Interferon Gamma Release Assay         |
|   | d be recorded as actua  | •   |  | neter. If no induration, write "0". Th |
| PPD (Mantoux) 0.1m  | l intradermally left/rig  | ht forearm. Lot #   | E:                                     | xp. date                               |
| Date placed   | Time  | Placed by   | ······································ | (RN/NP/PA/MD)                          |
| Date read   | Time  | Read by   |  | (RN/NP/PA/MD)                          |
| Result: mm  | n induration *Interpre  | etation:Negative  | Pos                                    | sitive                                 |
| <ul> <li>Injection drug t</li> <li>Mycobacteriolo</li> <li>Residents, emp</li> <li>Persons with m</li> <li>*&gt;15 mm is positive: A</li> </ul> | isers  Igy laboratory personnel  Dloyees, or volunteers in  nedical conditions that in  nyone with no known ris | high-risk congregate setting crease the risk of progression | gs                                     | one for a significant amount of time   |
| •   |   | • , ,   | T Snot                                 | Other                                  |
| Result:Nega   | tivePositive  | Indeterminate _<br>acceptable. Repeat test.                 |  |  |
| Chest X-ray: Red  | -   | -   |  | a copy of the report.                  |
| Treatment for TB  | disease or Later  | nt TB: Completed _  | Ongoing                                |  |
| Dates of treatment reg  | gimen: to   | )   |  |  |
| Health Care Provi   | der Name:   | Sign  | ature:                                 |  |
| Date:   | Phone Number  |   |  |  |