Student ID#_____

400 Paramus Road
Paramus, New Jersey
07652-1595
(201) 447-9257
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The Center for Health Services,
Wellness and Personal Counseling

Program: _____

Incoming Nursing/Health Professions Students - Tuberculosis (TB) Screening Requirement

Please complete Part A. Part B must be completed by your physician or healthcare provider.
Please return the completed form to the Office of Health Services, HS-100, Pitkin Education Center.

Part A

Print Name:_____Date of birth:_____

Home Phone:_____Cell Phone:_____Email address:_____

Part B

Tuberculosis (TB) Screening: In order to be cleared for clinical participation, you are required to submit the date and result of either a PPD skin test OR an interferon gamma release assay {IGRA) blood test such as Quantiferon Gold.

A 2-step PPD skin test is must be done within 6 months of starting program.

PPD (Mantoux) #1_____(date administered)_____(date read 48-72hrs. after injection)

Results: positive _____negative_____(circle one); report positive results in millimeters.

PPD (Mantoux) #2_____(date administered)_____(date read 48-72hrs. after injection)

Results:positive _____negative_____(circle one); report positive results in millimeters.

OR

Quantiferon Gold blood test OR Spot Blood test may be used in place of PPD -Lab report must be attached. Date of test _____. Result: positive / negative (circle one)

Chest X-ray is required if PPD or Q-Gold result is positive. Chest X-ray must be performed within 6 months of starting program. Chest X-ray report must be attached.

If result of the Q-Gold blood test is indeterminate, repeat Q-Gold or administer PPD skin test.

Signature of physician or healthcare provider:_____Date:_____

Healthcare Address Stamp: