Initial Two-Step Tuberculin (TB) Skin Test Report Form
Department of Nursing

Student Information (please print)

Last Name ___________________________________ First Name ___________________________________

Clinic Information

Clinic Name ___________________________________ City, State ___________________________ Phone ___________________________

Please note: If the student has recently traveled to a TB high-burden area as defined by the Centers for Disease Control (http://www.stoptb.org/countries/tbdata.asp), he/she must complete a TB Symptom Screening Form. The two-step tuberculin skin test and this form must then be completed 8-10 weeks after returning to the U.S.

☐ Two-step Tuberculin Skin Test

NOTE: QuantIFERON blood test, tine, or monovac are not acceptable.

STEP 1:
Date Given: _______________ Signature/Title: ___________________________________

Date Read: ________________ Signature/Title: ___________________________________

Step 1 Results: _____mm Interpretation: ☐ Negative ☐ Positive
* Results must be read within 48-72 hours by trained personnel.

STEP 2 (Second tuberculin skin test must be administered 7-21 DAYS after Step 1 is READ):
Date Given: _______________ Signature/Title: ___________________________________

Date Read: ________________ Signature/Title: ___________________________________

Step 2 Results: _____mm Interpretation: ☐ Negative ☐ Positive
* Results must be read within 48-72 hours by trained personnel.

☐ Previous or current positive tuberculin skin test or received BCG

Students who have a positive TB skin test will need to provide proof of a negative chest x-ray (CXR) and then will need to repeat the CXR only if they experience symptoms of tuberculosis.

Chest x-ray date: ___________________ Results: ☐ Negative ☐ Positive

Medical Treatment Plan: __________________________________________________________

Student ☐ can ☐ cannot participate in providing patient care in all clinical areas.

Provider Signature/Title: ________________________________________________________