

TB Test Form

To ensure that students protect their health and safety and the health and safety of children, families, visitors, employees and other students at the placement site, students must be free of communicable diseases.

All sections must be completed as outlined by a healthcare provider. **Placement partners have the right to refuse students who do not meet their immunization standards.** If, for medical reasons, you are unable to receive a required immunization or Chest X-ray, a Statement of Medical Exemption must be completed.

Name of Student:	Student ID #:
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All students must provide **proof** of a Two Consecutive Step-TB Skin Test.

Check one:

- If the student has **never** had a Two Consecutive Step-TB Skin Test, it is mandatory that they complete a **Two Step-TB Skin Test**.
- If the student has **proof** of a previous Two Consecutive Step-TB Skin Test and the results of both steps were **negative**, only complete the Step 1-TB Skin Test (**Step 1 must be completed no more than 6 months prior to the placement start date**).
- If the student has proof of a previous Two Consecutive Step-TB Skin Test and one or both of the results were **positive**, the healthcare provider will complete an annual physical exam & answer questions 1-5 on page 2 of this form.

TO BE COMPLETED BY HEALTH CARE PROVIDER			
TB Skin Test Step 1	Date Administered (yyyy/mm/dd)	Date Read (yyyy/mm/dd)	Induration
TB Skin Test Step 2	Date Administered (yyyy/mm/dd)	Date Read (yyyy/mm/dd)	Induration

