

Additional TB Testing

Goucher College Student Health Services

To be completed by a physician, physician's assistant, or nurse practitioner no more than twelve months prior to admission.

410-337-6050 (phone) • www.goucher.edu/health
Upload to • <https://goucher.medicatconnect.com>

Last Name First Name Middle Initial

Birthdate (MM/DD/YYYY): _____

IF YOU SELECTED ANY OF THE TB RISK GROUPS IN THE ONLINE TB RISK ASSESSMENT SCREENING, ADDITIONAL TB TESTING IS REQUIRED.

The following form should be completed by a **Health Care Professional**.

History of BCG vaccination? Yes _____ No _____ (If yes, the IGRA is the preferred test)

The following testing must be performed within 1 year of starting your studies at Goucher College.

Choice of Test _____ PPD _____ IGRA

RESULTS

PPD (Tuberculosis Skin Test)

Date Placed ___/___/___

Date Read ___/___/___

Results: Positive/Negative _____mm

IF POSITIVE, must **ALSO** complete IGRA -or- attach radiology report/interpretation of Chest X-Ray. If Negative, no further action needed.

IGRA (Quantiferon Gold) Results:

Date of Results: ___/___/___

Results: Positive/Negative

IF POSITIVE, must Complete Chest X-Ray, **AND** attach radiology report/ interpretation. If Negative, no further action needed.

I hereby certify that I have reviewed the results of the patients TB testing, and they show no evidence of TB infection at this time:

MD/DO/NP/PA/RN Signature

Printed Name

Practice Name

Phone Number