

Student Name: _____

Student ID #: _____

TUBERCULOSIS (TB) TESTING FORM

Based on your answers to the online Tuberculosis Questionnaire, you are required to have further testing for tuberculosis. Please print this form and take it to your medical provider for completion.

STEP 1: You are REQUIRED to have a tuberculosis test BEFORE you arrive on campus. It must be done even if you have had a Bacille Calmette-Guérin (BCG) immunization. The test may be a purified protein derivative (PPD) or an interferon-gamma release assay (IGRA), such as a QuantiFERON®-G, QuantiFERON®-GIT, or a T-SPOT® test.

PPD Administered (date): _____ PPD Interpreted (date): _____
PPD Result: _____ mm induration Interpretation: positive negative

IGRA Name: _____ IGRA Date: _____
IGRA Results: please attach a copy of the IGRA report, including Nil value, TB response, and mitogen response.

IGRA Interpretation: positive* negative indeterminate*

IF THE TUBERCULOSIS TEST IS **POSITIVE OR INDETERMINANT, GO TO STEP 2. If it's negative, go to STEP 3.*

Step 2: You are REQUIRED to have a chest x-ray BEFORE arriving on campus. Once it is done, attach a copy of the x-ray report and proceed to STEP 3.

Chest X-ray result: _____
Chest X-ray date: _____ *please attach copy of x-ray report

Step 3: Please have healthcare provider give their contact information and sign this form.

Healthcare Provider Name (printed): _____
Address: _____
Phone #: _____
Fax #: _____

Healthcare Provider Signature: _____

Step 4: Mail or fax this form to: SUNY Potsdam Student Health Services
44 Pierrepont Avenue
Potsdam, NY 13676
Phone: 315-267-2377
Fax: 315-267-3260