RWU Roger Williams UNIVERSITY

TUBERCULOSIS (TB) TESTING INSTRUCTIONS/DOCUMENTATION FORM

If you answered **NO** to all the TB screening questions, no further testing or action is required.

If you answered YES to any of the first 5 questions and NO to question 7: further testing for TB is required.

If you answered YES to question 6: an IGRA TB blood test (TB QuantiFERON Gold, TB-spot) is required within 6 months prior to the start of classes.

If you answered NO to question 6: a PPD skin test OR a TB blood test (as listed above) is required. The PPD skin test must be performed in the United States. Alternatively, an IGRA blood test can be

Please have your health care provider document the results of your test below. Sign the form and upload it with your immunizations record in the Student Health Portal.

If you answered YES to question 7: you do not need to be retested but you must provide documentation of a negative chest x-ray done in the United States (within 6 months prior to the start of classes), and provide documentation of any medication and treatment you received for your positive TB test.

Please upload the required documentation in the Student Health Portal.

TB TESTING DOCUMENTATION

Date TB skin test done: _____ Date TB test read (must be read within 48-72 hours): _____

Results (must be recorded in mm of induration; if no induration, write "0": _____mm

TB QuantiFERON Gold test date: _____ OR TSPOT test date: _____

Blood test result: ☐ Positive ☐ Negative ☐ Indeterminate

Chest x-ray (required if TB skin test is positive): Date: _____

Result: ☐ Normal ☐ Abnormal

Dates of treatment: _____

Signature of Medical Provider: _____ Date: _____

Address: _____

Phone number: _____