

# Bates College Preliminary TB Assessment

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month/Day/Year

## This section to be completed by student

1. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? Yes No
2. Were you born or have you lived outside the USA, Canada, Western Europe, Australia, new Zealand or Japan? Yes No
3. Have you ever received treatment for latent TB? Yes No

If yes, Question 4 below must be completed.

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## This section to be completed by physician

1. If the student answered yes to question 1 or 2 above, a PPD is required regardless of BCG history.

Date PPD Planted \_\_\_\_\_ Date PPD Read \_\_\_\_\_ Result in mm \_\_\_\_\_

2. If a student's PPD is positive, treatment for latent TB must be Initiated Before student arrives on campus.

Date Treatment Initiated \_\_\_\_\_ Medication \_\_\_\_\_

Please include any additional information regarding recommendations for ongoing treatment.

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3. If the student has had a positive PPD in the past, and had not been treated for latent TB, do not repeat PPD. A chest x-ray is required for matriculation.

Date of chest x-ray \_\_\_\_\_ Result \_\_\_\_\_

4. If the student has been treated for latent TB, no further testing is required but the treatment must be documented below.

Treatment Dates \_\_\_\_\_ Medication \_\_\_\_\_

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\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date