BATES COLLEGE REQUIRED TB TESTING FORM

Last Name:_____ First Name:_____ Student ID#: _____Date of Birth: _____

If you answered **YES** to any TB Screening Questions on the *Health History, Consent to Medical Treatment and TB Screening Form*, please complete the below TB testing form.
The TB test must be from the last 6 months.

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1. A Mantoux tuberculin skin test (TST) or a serum test for Interferon Gamma Release Assay (IGRA) is required regardless of BCG history.
   a. Date TST Placed _____
   b. Date TST Read _____
   c. Result in mm _____
   d. If applicable, specify which method of IGRA testing was done:
      i. Date Drawn_____
      ii. QFT-GIT_____Tspot_____ Other _____
      iii. Result: Negative _____Positive_____ Intermediate _____Borderline (Tspot only) _____

2. If a student's TST was positive, was a confirmatory serum test with Interferon Gamma Release Assay (IGRA) done? Yes _____ No _____
   a. If Yes, specify which method of IGRA testing was done:
      i. Date Drawn _____
      ii. QFT-GIT_____Tspot_____ Other _____
      iii. Result: Negative _____Positive_____ Intermediate _____Borderline (Tspot only) _____
   b. If No, see question 3

3. If a student's TST or IGRA is positive a Chest X-ray is required:
   a. Date of Chest X-Ray:_____
   b. Result: Normal_____ Abnormal _____

4. If a student has a positive PPD or IGRA without signs of active disease on chest x-ray, it is recommended that he/she be treated for latent TB prior to matriculation.
   a. Student has already completed treatment _____ Dates of treatment _____
   b. Student agrees to receive treatment _____
      i. Will treatment be completed prior to matriculation at Bates College? Yes _____ No ____
   c. Student agrees to receive treatment at Bates College _____
   d. Student declines treatment at this time _____

Healthcare Provider signature_____

Printed Name and credentials_____

Practice Location _____

Date signed _____

Every student must sign below

I acknowledge that the above statements are true to the best of my knowledge and belief.

Student Signature:_____ Date signed:_____

Parent/ Guardian Signature:_____ Date signed:_____