

Completed form must be **UPLOADED** to  
Health Service Student Portal: (Log into Dori>Under Services & Information tab  
>select "Health Service Student Portal">Follow instructions in portal)

### ANNUAL Tuberculosis Screening: 1-Step Skin Test

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Program:  PY1  PY2  PY3

PY4 Year of Graduation: \_\_\_\_\_

PPD Test			
Date:	Signature:		
Facility:	Phone:		
Address:	City:	State:	Zip:
PPD READING			
Date: (within 48-72 hours of PPD)			
Results: _____ mm Negative _____ Positive** _____	Signature:		
Address:	City:	State:	Zip:

**OR either of following blood tests may replace the 1-Step Skin PPD**

<b>Select One:</b> <input type="checkbox"/> Interferon Gamma Release Assay (IGRA) <input type="checkbox"/> T-Spot Quantiferon Gold	Date obtained:	Negative	Positive**
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#### \*\* POSITIVE RESULTS

*(PPD > 10 mm OR Positive IGRA or T-Spot Test)*

<b>Chest Xray REQUIRED</b> Copy of x-ray must be attached	Date:	Result:
<b>INH Treatment:</b>	Date Started	Date Completed