

Southwest Virginia Community College Nursing Program Tuberculosis Screening Requirement Form

Name: _____ Student ID #: _____

Student must provide proof of negative TB status by submitting one of the options below:

Option 1: Two-Step TB Skin Test

FIRST STEP OF THE TWO-STEP TB SKIN TEST (TST)	
Date Test Given (mm/dd/yyyy):	Test Given By:
Site: <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	Manufacturer/Lot#:
Review & Document Results after 48-72 hours	
Date Test Read (mm/dd/yyyy):	Test Read By:
Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="radio"/> If positive result- consider TB infected, no second TST needed; proceed to Option 3 to evaluate for TB disease <input type="radio"/> If negative result- a second TST is required 7-21 days after first TST is read	
Measurement of Induration (in millimeters) _____ mm	
SECOND STEP OF THE TWO-STEP TB SKIN TEST (TST) Administer 7-21 days after first TST is read	
Date Test Given (mm/dd/yyyy):	Test Given By:
Site: <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm	Manufacturer/Lot#:
Review & Document Results after 48-72 hours	
Date Test Read (mm/dd/yyyy):	Test Read By:
Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="radio"/> If positive result- consider TB infected and proceed to Option 3 to evaluate for TB disease <input type="radio"/> If negative result- consider person not infected	
Measurement of Induration (in millimeters) _____ mm	

Option 2: TB Screening Blood Test

INTERFERON-GAMMA RELEASE ASSAY (IGRA)-QUANTIFERON OR T-SPOT:	
Date Test Given (mm/dd/yyyy):	Test Given By:
Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="radio"/> If positive, consider TB infected and proceed to Option 3 to evaluate for TB disease <input type="radio"/> If negative, consider person not infected	

Option 3:

If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, provide documentation of previous negative chest x-ray or negative blood test AND a completed SWCC Nursing Tuberculosis Symptom Screening Questionnaire. This questionnaire/review of symptoms should be completed with your healthcare provider. A repeat Chest x-ray is only required if symptoms develop.

CHEST X-RAY

Documentation that the Chest x-ray was performed to rule-out tuberculosis due to a positive TB skin test, IGRA blood test or due to the development of signs or symptoms of tuberculosis must be in the chest x-ray report or comments.

Date of Chest x-ray (mm/dd/yyyy):	Interpretation: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
SWCC Nursing Tuberculosis Symptom Screening Questionnaire reviewed and completed with student <input type="checkbox"/> Yes	
Healthcare Provider Signature:	