

SKIDMORE COLLEGE HEALTH SERVICES

TUBERCULOSIS (TB) TESTING DOCUMENTATION FORM

Student Name: _____

Date of birth: _____

This form is for students with NO previous history of positive tuberculosis testing.

Provider Instructions:

STEP 1 (Symptom Screen)

Symptom Screen:

STEP 2 (Order TB Testing)

Quantiferon Gold

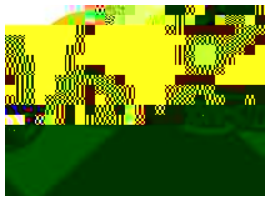
| | | | |
|--|--|--|--|
| | | | |
| | | | |

T-Spot

| | | | |
|--|--|--|--|
| | | | |
| | | | |

PPD

| |
|--|
| |
|--|



SKIDMORE COLLEGE HEALTH SERVICES

STEP 3 (Order chest X-ray *if QFT-G or T-SPOT positive*)

Chest X-Ray

| | |
|--|--|
| | |
| | |

STEP 4 (Treatment information)

Treatment:

| |
|--|
| |
| |
| |
| |

| |
|--|
| |
|--|