Report of Tuberculosis Screening

(Students who have resided in any country listed on High TB Burden Country List by the World Health Organization)

DATE _____

Name _____ Date of Birth _____

Tuberculin Skin Test (TST)

Date given: _____ Date read: _____

Results: _____ mm _____ Negative _____ Positive

Interferon Gamma Release Assay (Quantiferon TB Gold Blood Test (QFT)

Date drawn: _____ Time drawn: _____

Results:

Result: _____ Neg ____ Pos ____ Indeterminate ____ Borderline

Chest X-Ray Result

Date of Chest x-ray: _____ Date of Positive TST/IGRA: _____

_____ No evidence of active tuberculosis

_____ Chest x-ray abnormal, active tuberculosis to be ruled out

Based on the above report:

_____ The individual listed above has no symptoms compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.

_____ Active tuberculosis cannot be ruled out in the individual listed above. The individual has been referred to a healthcare provider or health department for further evaluation.

Signature _____ Date _____
(Healthcare provider or Health Department Official)

Address _____ Phone _____

Revised 1/29/2026