

**West Chester University
Tuberculin Test for Educator Preparation**

Section I: To be filled out by Student

Last Name _____	First Name _____	M. _____	Major: _____
ID# _____	Date of Birth _____		
Phone Number _____			

*** The Commonwealth of Pennsylvania, "Pennsylvania Code" Title 28; Tuberculin Testing of School Personnel, states that the tuberculin skin test needs to be administered within 3 months prior to the date the school receives the form.***

Section II: To be completed by Health Care Professional:

Name of Provider Providing Service: _____

Address: _____

Tuberculosis Screening (PPD)

Date Given: _____ **Time:** _____

Manufacturer: _____

Lot #: _____

Expiration Date: _____

Dosage: _____ Route: _____

Arm: L R **Signature:** _____

Date Read: _____ **Time:** _____

Result: _____ mm induration

Provider's Signature: _____

QuantiFERON GOLD TB Test

Date of Test: ____ **Result:** _____

Copy of QuantiFERON results attached **(required):**

Provider's Signature: _____

OR

Section III: If either TB Test is positive, then a chest x-ray is required (attach copy of CXR results to form.)

1. Attach copy of Chest X-ray Report _____

2. Is applicant free of infectious Tuberculosis Disease?

No _____

Yes

3. Was the applicant referred for treatment?

No

Yes if yes: When, Where and What is treatment _____

4. Was BCG given?

No

Yes if Yes: when _____