Redacted Logos

Tuberculosis (TB) Test

Student Name:_____

Date of Admission (MM/DD/YY):____

Dear parents and guardians,

The State of Utah requires that all new students must have a tuberculosis (TB) test after enrolling into our program. If your child has not received the test prior to enrollment, our nursing staff will administer this test upon admission. Please check one of the following options:

 \Box My student **has had a negative TB test** within the past 90 days and I have attached a copy of the test to this form. Do not administer the TB test to my child until they have reached the mark for their annual test and are enrolled at (unavailable).

 \Box My student **has not received a TB test** within the last 90 days and, to my knowledge, has not had a previous positive TB test. Please administer the annual test to my child.

 \Box My student has **had a previous positive reaction to a TB test** within the last 90 days. Attached is the documentation of a chest x-ray performed within the last year with the primary care provider's interpretation.

Signature of Parent/Guardian

Date (MM/DD/YY)

Nursing/Clinical Use Only - Do Not Write Below This Line

Test must be read 48-72 hours after administration.	Guidelines for Interpretation: <5 mm = Negative PPD
□0.1 ML Manufacturer: Lot Number: Expiration Date:	≥5 mm = Positive if risk factors present. Use risk factor questionnaire and consult with the health dept. if result indicates an unclear or positive test.
Date Placed: Time: □AM □PM	≥10 mm = Likely positive PPD. Report
Site: \Box L Forearm \Box R Forearm	to the health dept. and document recommendations in the Nursing
Nursing Staff Signature:	Progress Note.
Date Read: Time: □AM □PM	
Result in mm: Interpretation: □Negative □Positive	
If the result is positive or unclear, contact Davis County Health Department for recommendations: 801-525-5000.	
Health Dept. Contacted Date:	
Nursing Staff Signature:	