West Chester University
Tuberculin Skin Test

Section I: To be filled out by Student

Last Name First Name M. ID# Phone Number	Major:

***** 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: (See Instructions)

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**

Signature/Title: _____

Section III: If 10mm or greater: (See Instructions)

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** _____

Revised 08/06 LJ win