

IMPERIAL VALLEY COLLEGE
STUDENT HEALTH SERVICES
Phone: 760-355-6310 Fax: 760-355-5738
TUBERCULOSIS SCREENING

Name _____ Today's date: _____

Date of Birth: _____ Age: _____ ID: G _____

Address: _____

City: _____ Zip: _____ Cell # _____

Please answer and sign:

Have you ever had a Skin Test done for tuberculosis? NO Yes
What was the result? Negative (step 1) Positive (step 2)

Signature: _____

OFFICE USE ONLY

Student has history of positive ppd on __/__/__

1-Step - TST (tuberculin skin test). If negative see resolution below.

TST given on: _____ by: _____ Results: _____ mm. Neg. Pos. is ≥ 10 mm

Read by: _____ L.V.N Date read: _____

2-Step - TST, after 1 week

TST given on: _____ by: _____ Results: _____ mm. Neg. Pos. is ≥ 10 mm

Read by: _____ L.V.N Date read: _____

3-Step - Q-Gold (QuantiFeron)

Q-Gold given on: _____ by: _____ Results: _____ mm. Neg. Pos. is ≥ 10 mm

Positive TB? Yes No Last CXR Date: _____ Facility: _____

CXR Script Given? Yes No Date Given: _____ Neg. Pos.

CXR Completed at:

PMHD ECRMC Other: _____ Date: _____

RESOLUTION: CLEARED

BY: _____ L.V.N TODAY'S DATE: _____