



# Student Tuberculosis (TB) Testing

**Prior to admission students must provide proof of negative TB status by submitting one of the options below:**

1. Two-Step TB skin test (TST). A single annual TB screening schedule can be maintained every year thereafter.
2. Approved TB screening blood test.
3. If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, see option 3 below.

**Name:** \_\_\_\_\_ **SID:** \_\_\_\_\_  
 (Please Print)

## OPTION 1: 2-Step TST

### FIRST STEP OF THE TWO-STEP TB SKIN TEST (TST):

Date Test Given (mm/dd/yyyy): \_\_\_\_\_ Test Given by: \_\_\_\_\_

Site:  Left Forearm  Right Forearm Manufacturer/Lot #: \_\_\_\_\_

Date Test Read (mm/dd/yyyy): \_\_\_\_\_ Test Read by: \_\_\_\_\_

Interpretation:  Negative  Positive Measurement of Induration (in millimeters): \_\_\_\_\_ mm

### SECOND STEP OF TWO-STEP TB SKIN TEST (TST):

Date Test Given (mm/dd/yyyy): \_\_\_\_\_ Test Given by: \_\_\_\_\_

Site:  Left Forearm  Right Forearm Manufacturer/Lot #: \_\_\_\_\_

Date Test Read (mm/dd/yyyy): \_\_\_\_\_ Test Read by: \_\_\_\_\_

Interpretation:  Negative  Positive Measurement of Induration (in millimeters): \_\_\_\_\_ mm

- OR -

## OPTION 2: TB Screening Blood Test

### INTERFERON-GAMMA RELEASE ASSAY (IGRA) – Quantiferon or T-Spot:

Date Test Given (mm/dd/yyyy): \_\_\_\_\_ Test Given by: \_\_\_\_\_

Interpretation:  Negative  Positive

**\*\*In the event of a positive result: If a tuberculin skin test or the IGRA blood test is positive or a person exhibits signs and symptoms suspicious for tuberculosis, a medical evaluation is required.\*\***

## OPTION 3:

If a person has a previously documented positive TB screening test or a documented diagnosis of TB or Latent TB Infection (LTBI) in the past, perform an annual risk assessment/symptom check with your healthcare provider instead of the TST or IGRA. Repeat Chest x-ray is only required if symptoms develop.

### CHEST X –RAY

Documentation that the Chest X-Ray was performed to rule-out tuberculosis due to a positive TB skin test, IGRA blood test or due to the development of signs or symptoms of tuberculosis must be in the Chest X-Ray report or comments.

Date of Chest X-Ray (mm/dd/yyyy): \_\_\_\_\_

Interpretation:  Normal  Abnormal

Healthcare Provider Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Symptom Review Statement:

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You can get your immunizations updated and receive the TST skin testing at the following locations. Please contact testing sites to verify the current fee and scheduling information:

Testing Sites	Testing Schedule
Your personal physician	Varies
Your employer if you work in healthcare	Varies
Whatcom Occupational Health 3010 Squalicum Pkwy Bellingham, WA 98225 (360) 676-1693 – No appointment needed Cost: \$50 (\$25 due at each <b><i>injection</i></b> appointment)	Mon, Wed, Fri: 7:30am – 5:30pm Tuesday: 7:30am – 6:00pm Thursday: 7:30am – 7:00pm Saturday: 9:00am – 1:00pm
Walk in Health Clinic 2220 Cornwall Ave Bellingham, WA 98225 (360) 734-2330 – No appointment needed Cost: \$50 (\$25 due at each <b><i>injection</i></b> appointment)	Monday – Sunday: 8:30am – 5:00pm