

# Bowdoin College Tuberculosis Testing Form

(To be completed by Healthcare Provider)

Upload to: [www.bowdoin.studenthealthportal.com](http://www.bowdoin.studenthealthportal.com)

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last First MI

Healthcare Provider should review the information on the **Tuberculosis Screening Questionnaire**. Students answering "YES" to any of the questions are candidates for tuberculosis (TB) screening with either a Mantoux TB skin test (**TST**) or an Interferon Gamma Release Assay (**IGRA Quantiferon**) unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If **YES** then document below) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

History of BCG vaccination? (If **YES** consider IGRA) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**TB SKIN TEST (Mantoux skin test only)**

**OR**

**TB BLOOD Test: Lab report must be attached.**

Date Planted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Quantiferon  T-Spot

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result in induration: \_\_\_\_\_ mm

Result:  NEGATIVE  POSITIVE

***If no induration, mark "0"***

INDETERMINATE  BORDERLINE (T-spot Only)

**CHEST X-RAY (Required if TST or IGRA Positive)**

Chest X-ray Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chest X-ray Interpretation:  NORMAL  ABNORMAL

***\*Include copy of Chest X-ray Report***

**MANAGEMENT OF POSITIVE TST or IGRA: Please describe treatment plan:**

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**Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider Printed Name:** \_\_\_\_\_

**Address (Office Stamp):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_