

Name: _____

Towson ID#: _____

Date of Birth: ____/____/____

Date: ____/____/____

Instructions:

TB Skin Test: To be performed by a health care provider or public health department in U.S. or Canada. Test must be performed with six months of entry to Towson and must consist of a Mantoux intermediate strength PPD (0.1 ml intradermal), Tine test is not acceptable.

Date administered: ____/____/____ Date read: ____/____/____ (must be read w/in 72 hrs of placement)

Result: ____ mm induration (size of reaction in millimeters required)

Alternative TB screening test: An Interferon Gamma Release Assay blood test is acceptable

Quantiferon Gold: Positive Negative **T-Spot Test:** Positive Negative Indeterminate

If your TB Skin Test or IGRA blood test was positive or indeterminate, you will need to have a chest X-ray performed in the U.S. or Canada, dated after your positive TB test and within the six months prior to beginning your studies at Towson.

Date of chest X-ray: ____/____/____ Result: _____ (Please attach the official radiologist's report of your chest x-ray. Do NOT bring or send the actual x-ray films).

Please answer the following questions:

1. Have you ever received preventive INH therapy for a positive TB test? Yes No
If yes, please give dosage and dates of treatment duration _____

2. Have you ever been treated for active tuberculosis? Yes No
If yes, please give details, including medications and dates of treatment _____

3. Do you currently have any of the following symptoms: Cough? Fever? Night sweats? Weight loss?
 Yes No If yes, please give details:

Health Care Provider (Print): _____

Authorized signature: _____

Address: _____

Telephone: _____