College of Education & Human Development
Office of Clinical Studies
200 Academy Street, Suite 103
Newark, Delaware 19716-2950
Fax: 302-831-3137
Phone: (302)831-6778

PPD (MANTOUX) TUBERCULOSIS SKIN TEST

(Tine or Manovac is not acceptable)

PLEASE PRINT

STUDENT INFORMATION

Completed by Student

Last Name_____ First Name _____ MI ___

Student ID (not SSN): _____ DOB_____

TEST RESULTS

Completed by Health Care Provider - PLEASE COMPLETE NECESSARY SECTIONS

HEALTH CARE PROVIDER

The health care provider is asked to assist us by signing and dating the information below.

-TB SKIN TEST use Mantoux test only

Date/Time Planted: __/__/__-__:__

Date/Time Read: __/__/__-__:__

Interpretation: Neg. ___

Pos. ___

____ mm induration

(If no induration, mark "0")

-OR-

TB BLOOD TEST

Quantiferon: ___*

Other: _____ Date: __/__/__

Result: Neg. ___ Pos. ___

***Enclose copy of lab report**

Name of Facility: _____ **Date:** _____

Signature of Provider: _____

-CHEST X-RAY*

Chest X-Ray Date: _____

__Normal __ Abnormal

*USA chest x-ray reports only

-**MEDICATION TREATMENT FOR TUBERCULOSIS**:

Drug: _____

Dose and Frequency: _____

Treatment completion date: _____

Mail completed form to: University of Delaware-Student Health Service
Laurel Hall, Newark, Delaware 19716-8101
(302) 831-2226 Fax (302) 831-6407