



DARTMOUTH COLLEGE

Health Service at Dick Hall's House
7 Rope Ferry Road, Hanover, NH 03755
Phone: (603) 646-9404 Fax: (603) 646-9410
Secure Fax: 1-877-884-8110

Student Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

If you are an entering Geisel School of Medicine Student you must complete ONE of the following:

- TWO TSTs administered 7-21 days apart (If 1st TST is POSITIVE, please go directly to section B).
• IGRA or QuantiFERON Gold within 6 months of program start (results must be attached and translated into English).
• T-SPOT test within 6 months of program start (results must be attached and translated into English).

Section A- To be completed by healthcare provider (If positive result, proceed to section B)

- TB testing is required even if you have had the BCG vaccine
• A test >10mm is considered positive TB from high prevalence countries, >5mm if you are immunocompromised

PPD test #1: Date Planted: \_\_\_\_\_ Date Read: \_\_\_\_\_ Induration: \_\_\_\_\_ mm Read within 48-72 hours PPD
test #2: Date Planted: \_\_\_\_\_ Date Read: \_\_\_\_\_ Induration: \_\_\_\_\_ mm Read within 48-72 hours

Signature of Provider MD/PA/APRN/RN

Printed Name
Date

Section B-To be completed by healthcare provider in the event of positive Tuberculosis test OR history of Tuberculosis.

- 1. If you have a POSITIVE TST, T-SPOT or IGRA (QuantiFERON Gold); Please complete a CHEST X-RAY
2. Attach a copy of a report for a chest x-ray that was taken upon or after the positive result. This chest x-ray or MUST be written or officially translated into English and dated within 6 months of entrance to Dartmouth.
3. Did the student receive tuberculosis therapy? YES NO
a. If yes, please provide the following:
b. Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Type (Medication): \_\_\_\_\_
4. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats or weight loss?
Yes No If yes please describe: \_\_\_\_\_

Signature of Provider MD/PA/APRN/RN

Printed Name

Date