

Students of the Geisel School of Medicine Tuberculosis Requirement Form

Student Name: _____ Date of Birth: (MM/DD/YY) _____

Students entering the Geisel School of Medicine must complete ONE of the following

- Two PPD tests administered 7-21 days apart (*if 1st PPD is POSITIVE, go directly to section B*)
- One IGRA or QuantiFERON Gold within 6 months of program start (*must attach lab results*)
- One T-SPOT test administered within 6 months of program start (*must attach results*)

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. NEG: _____ POS: _____ READ WITHIN 48-72 HOURS

PPD Test #2: Date Planted: _____ Date Read: _____ Induration: _____ mm. NEG: _____ POS: _____ 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 TB or history of TB)

- If positive PPD, IGRA or T-SPOT - **MUST SUBMIT A CHEST X-RAY**
- Attach a copy of the chest x-ray report. The chest x-ray must be dated within 6 MONTHS of entrance to Dartmouth.
- Did the patient receive TB therapy?.....NO.....YES If yes, please provide the following:
START DATE:.....COMPLETION DATE:..... TYPE (MEDICATION):.....
- Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats or weight loss?
NO.....YES..... If yes, please describe

Signature of Provider (MD/PA/APRN/RN) _____ Printed Name _____ Date _____