



Last Name, First Name, Middle Initial	Date of Birth	PNWU Student ID

Tuberculosis Test – A two-step Purified Protein Derivative (PPD) skin test or Interferon-Gamma Release Assay (IGRA) serum test (example; QuantiFERON-TB®, T-SPOT®, etc.) is required. **See instructions on back**

History or current Positive Tuberculosis Test: provide documentation of chest x-ray and treatment.		
Step 1: PPD Skin Test no older than 6 months from the date of matriculation (no older than February 1)		
Placed Date:	Read Date:	Provider Signature & Office Address Stamp:
Results: mm: _____ Negative (<10mm) Positive (>=10mm)		
Step 2: PPD Skin Test or IGRA Serum Test documentation required (no older than February 1)		
Placed Date:	Read Date:	Provider Signature & Office Address Stamp:
Results: mm: _____ Negative (<10mm) Positive (>=10mm)		

Hep B Surface Antibody Titer (HBsAB, **quantitative** >10) – Requires that you have had the Hep B series first. Hep B is a series of 3 vaccinations – 0, 1, and 6 months with titer drawn at least 4-8 weeks after last immunization.

- If titer is negative or equivocal (< 10), you must repeat series of 3 vaccinations then re-titer 4-8 weeks later;
- If second titer is negative or equivocal (< 10) again, see primary provider to be tested for HBsAg and anti-HBc to determine infection status.

Immunization	Date(s) of Vaccination – documentation required	Date of Titers, lab report required
Hepatitis B series of 3 shots & QUANTITATIVE Hep B surface antibody titer	1. _____ 2. _____ 3. _____	
Measles, Mumps, Rubella (MMR) & titers	1. _____ 2. _____	Measles _____ Mumps _____ Rubella _____
Immunizations	Date(s) of Vaccination – documentation required If you are unable to document your immunization records with a health care provider signature or letterhead the titer lab reports must be submitted.	
Tdap (required once)	1. _____ Td or Tdap every 10 years	1. _____
Polio (OPV/IPV)	1. _____ 2. _____ 3. _____ 4. _____	
Diphtheria, Pertussis, Tetanus (DPT or D-tap)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
Varicella (chickenpox) - Titer documentation if history of disease.	1. _____ 2. _____	Date of Titer – lab report required

Two-Step Tuberculin Skin Testing Procedure

Tuberculosis testing yearly: A two-step Purified Protein Derivative (PPD) skin test or Interferon-Gamma Release Assay (IGRA) serum test (example; QuantiFERON-TB®, T-SPOT®, etc.) is required within six months of matriculation and completed prior to matriculation. PPD skin test or IGRA serum test is required annually thereafter.

- Students electing the IGRA serum test must continue with IGRA serum test annually.
- Students with a history of Bacillus Calmette-Guerin (BCG) immunization should consult with their provider about preferentially utilizing the IGRA serum test instead of the PPD skin test.
- If previous PPD results are positive, provide evidence of either a negative IGRA serum test or evidence of evaluation and treatment from a licensed health care provider and chest x-ray. Chest x-ray must be repeated every three years.
- If IGRA serum testing is positive, provide evidence of evaluation and treatment from a licensed health care provider and chest x-ray. Chest x-ray must be repeated every three years.

The two-step tuberculin skin test (TST, also referred to as PPD) is used to detect individuals with past tuberculosis (TB) infection who may have diminished skin test reactivity.

This procedure will reduce the likelihood that a boosted reaction is later interpreted as a new infection.

Four appointment schedule

Visit 1, day 1 – Placement Day

Place the first TST and have the patient return in 48 to 72 hours for the test to be read by a trained health care worker.

Visit 2, day 2 – 3 – Reading Day

Evaluate, measure, and interpret the TST. Document the millimeters or induration (e.g. 0 mm, 4 mm, 12 mm).

- If the first TST is **negative** (less than 10 mm for Health Care Providers (HCP)):
 - A second appointment is made for the patient to return for placement of the second TST test in 7 – 21 days.
- If the first TST is **positive** (greater than or equal to 10 mm for HCP), it may indicate that the patient is infected with TB. No further TST (PPD) testing is indicated. Refer the patient to medical provider for evaluation, IGRA serum test, chest x-ray and treatment. Provide documentation of chest x-ray and treatment.

Visit 3, day 7 - 21 (second TST if first TST was negative)

Place the second TST using the alternate arm on the patient whose first test was negative.

Visit 4, 48 - 72 hours after second test placed

Evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm).

- If the second TST is **negative** (less than 10 mm for HCP), the patient is not infected.
- *If the second test is positive* (greater than or equal to 10 mm for HCP), it indicates that the patient is infected with TB. No further TST (PPD) testing is indicated. Refer the patient to medical provider for evaluation, IGRA serum test, chest x-ray and treatment. Provide documentation of chest x-ray and treatment.

Reference: Center for Disease Control

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, MMWR Recommendations and Reports December 30, 2005 / Vol. 54 / No. RR-17 and January 12, 2018 / Vol. 67

<http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>

Additional information available at: www.paveresources.com/resources.html