

Annual Tuberculin Screening Report Form

College of Saint Benedict/Saint John's University – Department of Nursing

Form is due by August 15th if you are already in the nursing program. (Submit with packet if you are applying to the nursing program.) **Keep a copy for your records.** Return completed form by one of the following options:

Email
nursing@csbsju.edu

Mail
 CSB Nursing Department
 37 South College Avenue
 St. Joseph, MN 56374

FAX
 320-363-6099

STUDENT INFORMATION (please print)

Last Name	First	Middle	Maiden
Home Address		City	State Zip
Birth Date: _____	Age: _____	Home Phone: _____	

CLINIC INFORMATION

Clinic Name	Address	Phone
-------------	---------	-------

Previous positive PPD or QuantiFERON test

Chest x-ray date: _____ Results: Negative Positive

Signature/Title: _____

<p><input type="checkbox"/> PPD (Mantoux) -- tine or monovac not acceptable. Must be screened no earlier than May 1 of the current year. International Students: Must be administered within 4 weeks prior to attending CSB/SJU. Travels to high risks areas: Rescreening must be 10-12 weeks after return to the U.S. Contact the department for reporting requirements.</p> <p>Date Given: _____ Signature/Title: _____</p> <p>Date Read: _____ Signature/Title: _____</p> <p><i>* Must be read within 48-72 hours.</i></p>	<p>Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>* Must be read by RN, APRN, PA, or MD at the facility where administered.</p>
--	--

QuantiFERON – TB Gold Blood Test (attach lab report of results)

Date: _____ Results: Negative Positive

<p><input type="checkbox"/> Conversion – for PPD or QuantiFERON positive results</p> <p>Medical Treatment Plan: _____</p> <p>Student <input type="checkbox"/> can <input type="checkbox"/> cannot participate in providing patient care in all clinical areas.</p> <p>Signature/Title: _____ Date: _____</p> <p>Print Name: _____ Phone: _____</p>	<p><input type="checkbox"/> Chest x-ray</p> <p>Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive</p> <p>Date: _____</p>
---	---

This information is strictly CONFIDENTIAL and is used to comply with contractual requirements of clinical agencies. Information supplied will become part of your health record; it will not influence your standing at the college, and it will not be released to anyone except by your written authorization.