

**West Chester University
Tuberculin Skin Test for Education Majors**

Section I: To be filled out by Student

| | | | |
|--------------|---------------|----|--------------|
| Last Name | First Name | M. | Major: _____ |
| ID# | Date of Birth | | |
| Phone Number | | | |

***** The Commonwealth of Pennsylvania, "Pennsylvania Code" Title 28; Tuberculin Testing of School Personnel, states that the tuberculin skin test needs to be administered within 3 months prior to the date the school receives the form.******

Section II: To be completed by Health Care Professional: (See Instructions)

Name of Provider Providing Service: _____

Address: _____

| | |
|-------------------------------------|-------------------------|
| Tuberculosis Screening (PPD) | |
| Date Given: _____ | Time: _____ |
| Manufacturer: _____ | |
| Lot #: _____ | |
| Expiration Date: _____ | |
| Dosage: _____ | Route: _____ |
| Arm: L R | Signature: _____ |
| | |
| Date Read: _____ | Time: _____ |
| Result: | |
| _____ mm induration | |
| Signature/Title: _____ | |

Section III: If 10mm or greater: (See Instructions)

1. Attach copy of Chest X-ray Report _____
2. Is applicant free of infectious Tuberculosis Disease?
 No _____
 Yes _____
3. Was the applicant referred for treatment?
 No _____
 Yes if yes: When, Where and What is treatment _____

4. Was BCG given?
 No _____
 Yes if Yes: when _____