

## Tuberculosis Skin Test (TST) Administration Form

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Month/Day/Year) Country of Origin: \_\_\_\_\_

Have you ever had a positive Tuberculosis (TB) skin test?  Yes  No

If yes have you received medicine for TB?  Yes  No

Was a Chest X-ray done for TB surveillance?  Yes  No

Have you ever received a Bacille Calmette-Guerin (BCG) vaccination?  Yes  No

Have you received a live vaccine in the past 6 weeks?  Yes  No

(Examples: Small Pox, MMR, Varicella and Nasal Flu Vaccine)

Are you currently taking any immunosuppressant medications?  Yes  No

(Examples: Prednisone, Enbrel, Humira, Remicade, Cimzia, etc.)

If female:

Last Menstrual Period: \_\_\_\_\_

### TST Information

Date implanted: \_\_\_\_\_ LFA RFA Administered by: \_\_\_\_\_

Date read: \_\_\_\_\_ Results: \_\_\_\_\_ Read by: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Lot#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_