

## TUBERCULOSIS SCREENING

**Annual form only required after positive PPD or bloodwork**

(This form should be completed by your health care provider)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

PPD Date: \_\_\_\_\_

PPD Result: \_\_\_\_\_ mm

Quantiferon Gold or T-Spot

Date: \_\_\_\_\_ Result \_\_\_\_\_ mm

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If PPD/Quantiferon Gold or T-Spot Positive:

1) Date of positive testing: \_\_\_\_\_

2) Treatment: \_\_\_\_\_

Dates: \_\_\_\_\_

3) Chest X-Ray: \_\_\_\_\_

Date: \_\_\_\_\_

Results within past 24 months

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Screening Practitioner's Name (Print) \_\_\_\_\_

Date \_\_\_\_\_

Screening Practitioner's Signature \_\_\_\_\_

Are you currently experiencing any of the following symptoms?

	Yes	No
• Fever	<input type="checkbox"/>	<input type="checkbox"/>
• Cough	<input type="checkbox"/>	<input type="checkbox"/>
• Recent Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>
• Hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Applicant's Signature

\*\*PLEASE UPLOAD COMPLETED FORM TO: [THE STUDENT HEALTH SUBMISSION PORTAL](#)

\*Go to the LSU Health New Orleans Homepage, click MYLSUHSC>Self Service>Academic Self-Service, you must login and continue to upload your completed form.