

TUBERCULOSIS TESTING FORM
(US/CANADIAN STUDENTS ONLY)

Please upload completed form at <https://gatech.medicatconnect.com>
 RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS.

Name (Last, First, Middle) _____ Country of Birth: _____

GT ID#: _____ Birth Date: _____ Cell Phone #: _____

Semester Beginning: _____

A.	<p>TST (Tuberculin Skin Test)</p> <p>If test result is positive, please complete section C.</p> <p>TST must be completed no more than six months prior to start of classes within the U.S. or Canada.</p> <p>Date placed: _____ Date read: _____ Result: _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>A PPD/TST of ≥ 5 mm induration is considered positive for immunosuppressed students. A PPD/TST of ≥ 10 mm induration is considered positive for individuals with risk of exposure to TB. A PPD/TST of ≥ 15 mm induration is considered positive for students with no risk factors.</p>
B.	<p>IGRA (Interferon Gamma Release Assay) Blood Test – may be completed as an alternative to section A.</p> <p>If test result is positive, please complete section C.</p> <p>Please attach lab report in English.</p> <p>IGRA = Quantiferon or T-Spot. If indeterminate or borderline results are received, repeat the test, or perform a chest x-ray in the United States or Canada.</p>
C.	<p>Chest X-ray - only if section A or B is positive.</p> <p>Please attach x-ray report.</p> <p>Chest x-ray must be completed in the US/Canada only and must be completed no more than six months prior to the start of classes.</p>

SIGNATURE OF HEALTHCARE PROVIDER AND DATE REQUIRED

Provider Name: _____

Signature: _____

Phone: _____ Date: _____

