

**UAB Student Health & Wellness TB Testing Form  
Non-Clinical Domestic Students**

NAME: \_\_\_\_\_ DATE OF BIRTH: (mm/dd/yyyy): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
PROGRAM OF STUDY: \_\_\_\_\_ BLAZERID: \_\_\_\_\_@UAB.EDU

- 1. Tuberculosis:** All students with a **YES** answer on the Tuberculosis Screening Questionnaire that you accessed on the Patient Portal at [https://studentwellness.uab.edu/login\\_directory.aspx](https://studentwellness.uab.edu/login_directory.aspx) "Forms" section, must meet UAB's Tuberculosis Testing requirement by completing the following evaluation:
  - You only need to have this testing and medical provider verification if you answered **YES** to any question on the Tuberculosis Screening Questionnaire.

**EITHER**

a. Tuberculin Skin Test (PPD) within 3 months of matriculation: \*

Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result (mm): \_\_\_\_\_ Positive: \_\_\_\_ Negative: \_\_\_\_

**OR**

a. IGRA (T-spot or Quantiferon TB Gold QFT-G) blood test within 3 months of matriculation: \*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Positive: \_\_\_\_ Negative: \_\_\_\_

- Those with a positive PPD may elect to have a follow-up IGRA and UAB High Risk and Annual TB Questionnaire and if both are negative then no further action is necessary, or student may elect to follow # 2 below.
- \* If positive skin test or IGRA result, Chest X-Ray and UAB TB High Risk and Annual Questionnaire required within 3 months of matriculation.

a. Chest X-Ray\*\* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Normal: \_\_\_\_ Abnormal: \_\_\_\_ (\*Please attach results)

b. UAB High Risk and Annual TB Questionnaire

c. Have you been treated with anti-tubercular drugs? Yes: \_\_\_\_ No: \_\_\_\_

If yes, type of treatment: \_\_\_\_\_ Length of Treatment: \_\_\_\_\_

Please attach supporting documentation.

\*\*Please attach supporting documentation.

**OR**

a. History of positive TB Skin Test (PPD) or blood test (IGRA: T-Spot or QFT-G)

PPD: Date Placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result (mm): \_\_\_\_\_

IGRA: T-Spot \_\_\_\_ QFT-G \_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Positive: \_\_\_\_ Negative: \_\_\_\_

- Those with a history of a positive PPD and not treated may elect to have a follow-up IGRA and UAB High Risk and Annual TB Questionnaire within 3 months of matriculation, and if both are negative then no further action is necessary, or student may elect to follow # 2 below.

2. Treatment completed? Yes \_\_\_\_ Type of treatment \_\_\_\_\_ Length of treatment \_\_\_\_\_

Please attach supporting documentation

No \_\_\_\_ Chest X-Ray\*\* and UAB High Risk and Annual TB Questionnaire required within 3 months of matriculation.

Chest X-Ray\*\* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Normal: \_\_\_\_ Abnormal: \_\_\_\_ (\*Please attach results)

**\*\* All TB testing and Chest X-rays must be performed in the U.S.**

**\*\*PPD Interpretation Guidelines**

**≥ 5mm is positive:**

Recent close contact with person with active TB  
Abnormal CXR c/w past TB disease  
Organ transplant or other immunosuppression  
HIV/AIDS

**≥10 mm is positive:**

Significant travel or residence in high prevalence area  
Illicit drug use  
Worker in healthcare, homeless shelter, prisons  
Chronic health issues

**≥15 mm is positive if no risk factors**

**Verification of the above Student Immunization Record and Tuberculosis Screening by Health Care Provider:**

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_