West Chester University
Tuberculin Test for Educator Preparation

Section I: To be filled out by Student

Student Information:	**Provider Information:**
_____ Last Name First Name M.I. _____ WCU ID# Date of Birth _____ Phone Number	_____ **Name of Provider Providing Service** _____ **Address:**

Section II: Tuberculin Test – Please complete ONE of the following:

PPD (Skin) Screening

Date Given: _____

Arm: LEFT: ☐ **RIGHT:** ☐

Date Read: _____

Result: _____

QuantiFERON GOLD (Blood Test) Screening

Date of Test: _____

Copy of QuantiFERON results attached (required): ☐

PROVIDER'S SIGNATURE REQUIRED: _____

Section III: If either TB Test is positive, then a chest x-ray is required. Attach copy of CXR results to form.

1. **Is applicant free of infectious Tuberculosis Disease? Circle: Yes or No**
2. **Was the applicant referred for treatment? Circle: Yes or No**
   If Yes: When, Where, and What is treatment _____
   _____
   _____
3. **Was BCG given? Circle: Yes or No**
   If Yes: When _____