

**West Chester University
Tuberculin Skin Test (TST)**

Section I: To be filled out by Student

<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Last Name First Name M.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">ID#</div> <div style="border-bottom: 1px solid black;">Phone Number</div>	<div style="border-bottom: 1px solid black; height: 20px;">Major:</div>
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*** The Commonwealth of Pennsylvania, "Pennsylvania Code" Title 28; Tuberculin Testing of School Personnel, states that the tuberculin skin test needs to be administered within 3 months prior to the date the school receives the form.***

Section II: To be completed by Health Care Professional administering TST: (See Instructions)

Name of Provider Providing Service: _____

Address: _____

Tuberculosis Screening (PPD)	
Date Given: _____	Time: _____
Manufacturer: _____	
Lot #: _____	
Expiration Date: _____	
Dosage: _____ Route: _____	
Arm: L R Signature: _____	
Date Read: _____ Time: _____	
Result: _____ mm induration	

Section III: To be completed by provider if student referred for follow up. A copy of this completed form is to be sent to West Chester University Student Health and Wellness Center, West Chester University, West Chester, PA, 19383 (fax 610-436-314).

If TST is reactive per CDC criteria by risk group and/or per PA Code Title 28, Section 23.44, Tuberculin Testing for School Personnel (including student teachers and observers):

1. Attach copy of Chest X-ray Report _____
2. Is applicant free of infectious Tuberculosis Disease?
☐ No
☐ Yes
3. Was the applicant referred for treatment?
☐ No
☐ Yes if yes: When, Where and What is treatment _____

4. Was BCG given?
☐ No
☐ Yes (if Yes: when) _____

Signature of provider _____

Date _____