

Kennesaw State University ~ WellStar School of Nursing

~ TB Test Requirements ~

Name _____ Date of Birth _____
KSU ID _____ Phone Number _____
E-mail _____

TB Test Update

Complete the following based which test you received.

- PPD date _____ measurement of induration in millimeters _____
- Date of annual symptom-free screen _____ (for those who have been exposed to TB and have positive PPDs)
- Chest x-ray date _____
(only if PPD or annual symptom screen reading is Positive and attach a copy of the X-ray report with this form)
- Current treatment for latent TB, please include medication dose, frequency and duration _____
- Quantiferon or T-spot test result _____ Date of test _____
(Attach lab results to this form)

Health Care Provider's Signature: _____ Date: _____

Health Care Provider's Name (Print): _____

Address: _____

Phone Number: _____

***PLEASE RETURN FORM TO: Lisa Longeiret or upload it in ACEMAPP
(via email llongeir@kennesaw.edu or fax (470) 578-9067 or
room 3016 in Prillaman Hall)**