



BROWN

Health Services  
Box 1928  
Providence, RI 02912  
401-863-3953

To return form, student must log in at  
<https://patientportal.brown.edu> and  
upload.

### Tuberculosis (TB) Screening Documentation Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle mm / dd / yy

Address \_\_\_\_\_  
Street City State Zip Code Country

#### TB (Tuberculin) Skin Test

Must be performed in the U.S. (If you are unable to have the test done in the U.S., you will need a TB skin test at Brown Health Services.)

Date TB skin test given: \_\_\_\_\_ Date TB skin test read (must be read in 48-72 hours): \_\_\_\_\_

Results (must be recorded in mm of induration; if no induration, write "0") \_\_\_\_\_ mm

#### IGRA (QuantiFERON Gold, T-SPOT)

Worldwide testing acceptable

Date of test: \_\_\_\_\_ ☐ QuantiFERON Gold ☐ T-SPOT

Result: ☐ Positive ☐ Negative ☐ Indeterminate

#### Chest X-ray (Required if tuberculosis test is positive)

Date: \_\_\_\_\_

Result: ☐ Normal ☐ Abnormal

Dates of Treatment for latent or active TB: \_\_\_\_\_

Treatment Medication: \_\_\_\_\_

Signature of Physician / Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Physician / Medical Provider Name: (Please Print) / Clinic Stamp \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_