

STUDENT HEALTH SERVICES

478 S. JOHNSON ST. – 3RD FLOOR NEW ORLEANS, LA 70112 OFFICE (504) 568-1800 FAX 504-568-1799

Annual TB Skin Test

Name:							_			
	Last				First		_			
DOB:										
Program:	AH DS	GS N	ИED	NUR						
Date	Administe	red:								
Tesi	Site:									
Adm	inistered b	<u>y:</u>							<u></u>	
atient instructed	and agrees	to retui	rn to cli	inic withii	n 48-72 ho	ours for rea	ading	of TB skin test		
									Initial he	ere
				F	or office u	se only				
esult: NEG@_	mm	POS	S@	mm						
CXR Ne	g Pos				Date R	ead & Tim	e	Name of Person	1	
INH 🗆 S	Student Heal	lth to m	anage I	NH						

^{**}PLEASE UPLOAD COMPLETED FORM TO: THE STUDENT HEALTH SUBMISSION PORTAL

^{*}Go to the LSU Health New Orleans website, https://www.lsuhsc.edu, Click on MENU \rightarrow M*LSUHSC \rightarrow Self Service \rightarrow Academic Self-Service then you must login and continue to upload your completed form.