LSU Health NEW ORLEANS

TUBERCULOSIS SCREENING

Annual form only required after positive PPD or bloodwork

(This form should be completed by your health care provider)

Name: _____ **Date:** _____

PPD Date: _____ **PPD Result:** _____**mm**

Quantiferon Gold or T-Spot **Date:**_____**Result** _____**mm**

If PPD/Quantiferon Gold or T-Spot Positive:

1) **Date of positive testing:** _____

2) **Treatment:** _____ **Dates:** _____

3) **Chest X-Ray:** _____ **Date:** _____
Results within past 24 months

_____ _____
Screening Practitioner's Name (Print) **Date**

_____
Screening Practitioner's Signature

Are you currently experiencing any of the following symptoms?

	Yes	No
• Fever	☐	☐
• Cough	☐	☐
• Recent Weight Loss	☐	☐
• Hemoptysis	☐	☐

_____
Applicant's Signature

*****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 →MyLSUHSC → Self Service → Academic Self-Service then you must login and continue to upload your completed form.

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