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

_________________________________________ Date

Screening Practitioner’s Name (Print)

_________________________________________

Screening Practitioner’s Signature

Are you currently experiencing any of the following symptoms?

- Fever
- Cough
- Recent Weight Loss
- Hemoptysis

Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐
Yes ☐ No ☐

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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