

TB Test / COVID-19 Vaccination Form

Instructions to Health Provider:

Student Name	Sex	Date of Birth
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TUBERCULOSIS (TB) PPD TESTING

*** Note: Chest X-Ray**

A positive TB result with the two-step Mantoux test necessitates a Chest X-Ray

Chest X-Ray: (Attach a copy of report)

Date: _____

Results: _____

1st Step ↓ <i>Read in 48 - 72 Hours</i>	<u>Good for 1 Year</u>	2nd Step ↓ <i>Applied 7 - 21 days after 1st Step</i>
	Date Applied	
	Site	
	Signature	
	Lot #	
	Date Read	
	Signature	
	Results (mm)	

VACCINE(S):	Doses		Boosters & Dates		
COVID-19	1	2	3	4	5

Student Signature	Date
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