Annual TB Update

For Students with NEGATIVE TB Results Only

Part 1: To be completed by the student

Last Name: ___________________________  First Name: ___________________________

ID Number: ___________________________  USF E-mail: ___________________________

Program:
☐ BSN  ☐ MSN  ☐ MPH  ☐ MSBH  ☐ DNP
☐ PsyD  ☐ Non-Degree Seeking  ☐ EMT

Part 2: To be completed by the healthcare provider

QuantiFERON Gold blood test results will NOT be accepted.

PPD (Tuberculosis Skin Test)
Date PPD PLACED: _______________  Date PPD READ: _______________
RESULT: ____(mm)
□ NEGATIVE  □POSITIVE

For POSITIVE Results ONLY:
This is your first positive TB test – you must have a chest x-ray completed by your physician. Submit the results from the chest x-ray to the University of San Francisco School of Nursing & Health Professions.

Healthcare Provider’s Signature

Name: ___________________________________  Certification: MD / NP / PA / RN

I certify that lab results indicate the above mentioned student is negative for Tuberculosis.

HCP Signature: ___________________________  (Office Stamp)

Date: _________/_________/_________

Once you have completed your Annual TB Update, you must upload a copy into AdvisorTrac along with copies of all supporting documentation (ex: lab results).