

TB Medical Provider Form

Required for all students answering "yes" to the questions on the TB Risk Questionnaire found online on the WPI Student Health Portal

Student Name (print): _____ DOB _____

Because you answered "YES" to any question on the online Tuberculosis Risk Questionnaire, documentation of one of the following is required:

1. PPD skin test dated within the past 2 years from the start of courses at WPI
2. Chest x-ray dated within the past 2 years from the start of courses at WPI
3. IGRA (Quantiferon Gold) blood test within the past 5 years from the start of course at WPI

A history of BCG vaccination does not preclude testing.

Documentation of the above should be uploaded to the student health portal, or a healthcare provider can complete the bottom portion of this form.

PPD: Date Planted _____ Date Read (*within 48-72 hours*) _____ Result _____ mm of induration

If you have a positive tuberculin skin test (PPD), documentation of a chest x-ray or IGRA (Quantiferon Gold) blood test is required.

Date of positive PPD _____ Date of X-Ray _____ Result: ☐ Normal ☐ Abnormal (**attach report**)

IGRA: Date _____ Results: _____

INH prophylaxis _____ ☐ Initiated ☐ Completed (**attach report**)

SIGNATURE OF HEALTHCARE PROVIDER: _____

Name (print): _____ Phone: _____

Address: _____