



HEALTH CENTER

### Tuberculosis (TB) Clearance

Print Last Name	Print First Name	Date of Birth	BYU-H ID #

Please have your medical provider complete this form. TB clearance can be done by meeting one of the two methods listed below:

#### 1. TB Skin Test (PPD)

TB skin tests must meet ALL criteria listed below to be considered valid by the Hawaii State Department of Health.

1. Test must be done in the United States (overseas U.S. Military Base also acceptable)
2. Must be taken within 12 months of school start date
3. Must be a PPD test (Mantoux)
4. Must note date given, date read and results in millimeter. (The word "negative" or "positive" is **not** acceptable.)
5. Must be signed by an MD, DO, PA or APRN
6. If your PPD is **positive (10 mm or greater)**, in addition to the above information, a chest x-ray is required. The chest x-ray must be done within 12 months of school start date and must also be done in the United States (overseas U.S. Military Base acceptable).
  - a. Attach a copy of the chest x-ray report
  - b. The x-ray report **must** contain the wording "**no evidence of tuberculosis**" to be acceptable.

**Medical provider to complete:**

PPD date given:	
PPD date read:	
Reading:	_____ mm induration
Referred for chest x-ray? (Attach copy of x-ray report)	
Print provider name (MD, DO, PA or APRN):	
Address Stamp:	
Signature:	
Date:	

#### 2. Blood Test

1. Must be done in the United States
2. Test date must be within 12 months of school start date
3. Must be signed by an MD, DO, PA or APRN
4. Attach a copy of the test results

**Medical provider to complete:**

Test type:	___ QuantiFERON TB Gold ___ T-SPOT
Date of test:	
Results:	
Print provider name (MD, DO, PA or APRN):	
Address Stamp:	
Signature:	
Date:	

Please fax this form to the BYU-Hawaii Health Center at (808) 675-3506.