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 <u>one</u> of the two methods listed below:

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

TB skin tests must meet <u>ALL</u> 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:

The state of the s		
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:	