

**Health Sciences Immunization Program (HSIP)
Positive TB Screening Form**

Health care providers (MD, DO, ARNP, PA, RN or other appropriate designee) may use this form to document a student's positive PPD and/or completed prophylactic treatment if other documentation is unavailable. This form is not acceptable when completed by a student or relative.

For students with a history of active TB disease, please contact HSIP at myshots@uw.edu for instructions.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

Positive PPD: If student has had a positive TB skin test (*greater than or equal to 10mm*), the provider may verify the student's history by noting it below.

PPD placed: _____ PPD read: _____ PPD result: _____ mm
(MM/DD/YYYY) (MM/DD/YYYY) *A positive result is ≥ 10 mm.*

Prophylactic Treatment: UW health sciences students with a positive PPD or IGRA are not required to complete prophylactic treatment. **For students who completed prophylactic treatment**, the provider may verify the student's treatment history by noting it below.

Rx/medication type: _____

Date started: _____ Date ended: _____ Duration: ____months
(MM/DD/YYYY) (MM/DD/YYYY)

Required: Health Care Provider Authentication

I certify the accuracy of the dates and other information on this form.

Signature: _____

circle one: MD, ARNP, PA, DO, ND, RN

Printed Name: _____

Phone #: _____ Date: _____

FACILITY STAMP