



**TUBERCULOSIS COMPLIANCE PROGRAM**

**Tuberculosis Test Results**

Effective January 1, 2015, an Adult TB Risk Assessment will be the primary method used as proof of freedom from tuberculosis for applicants and employees. For individuals who still wish to submit current results from Tuberculin Skin (PPD) or Blood (IGRA) Tests, this form may be used. A chest X-Ray is acceptable only if the PPD or blood test is, or has ever been, positive.

**Employee Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**IMPORTANT NOTES—READ CAREFULLY:**

1. **Do not submit the Adult Tuberculosis (TB) Risk Assessment Questionnaire to Endeavor College Prep.**
2. Use the result form below. If you submit a different result form, it must include your full legal name and all information required below for the specific test.
3. We will not accept incomplete/invalid documentation. Make sure your documentation has the required information.
4. Only current employees may submit evidence of a negative skin test or chest X-Ray for TB performed within the last three years.

**Submit results by email to Jorge Gonzalez at [jgonzalez@endeavorcollegeprep.org](mailto:jgonzalez@endeavorcollegeprep.org)**

<b>MANTOUX SKIN TEST</b> <small>(tine skin test unacceptable)</small>	<b>QUANTIFERON/IGRA</b>	<b>CHEST X-RAY</b>
Test Date: ____/____/____ Placed by: ____/____/____ Date Read: ____/____/____ Read By: _____	Collection Date: ____/____/____ By: _____	Date X-Ray Taken: ____/____/____ Impression (not prelim.) _____
<b>Result (Required)</b> Induration ____ Millimeters (>9 is positive)	<b>Result (Required)</b> Interpretation _____	<b>MD or DO Only</b> MD or DO Name _____ MD or DO License# _____ MD or DO Signature _____
<b>Medical Office Stamp Required</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____	<b>Medical Office Stamp Required</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____	<b>Medical Office Stamp Required</b> Name: _____ Address: _____ _____ Phone: _____ Email: _____

\*\*\*Keep a copy of this form for your records\*\*\*