
Student Name (Print)

UF-ID

Student Signature

Please submit the documentation about TB status by letterhead, official form, or this College of Pharmacy form.

TB Skin Test #1

Date Given

Health Care Provider Signature

Date Read

Circle One:
Positive Negative
_____mm

Health Care Provider Signature

TB Skin Test #2

Date Given

Health Care Provider Signature

Date Read

Circle One:
Positive Negative
_____mm

Health Care Provider Signature

Important Note: If a TB skin test cannot be performed due past positive PPD tests or BCG vaccination, please either have a chest x-ray done with results interpreted or a statement from a physician on office letterhead that you are free from TB and do not need a two step TB skin test or chest x-ray.

Chest X-ray

Date Read

Circle One:
Positive Negative

Health Care Provider Signature