





## **TUBERCULIN TEST**

(UPDATED ANNUALLY THROUGHOUT THE PROGRAM)

STUDENT NAME:		STUDENT	ID
PROGRAM:			
MANTOUX TUBERC	ULIN SKIN TEST		
Must be within 6 months o Must with within 90 days o	f date of program entry. of program entry for Nursing	g Assistant.	
Date Given:	Date Read:		
Results:			
-OR-			
QUANTIFERON (attac	ch copy of lab results)		
	Lab Results:		
CHEST X-RAY – Only if Test is Positive Attach a copy of report.			
Previously positive reactors must have x-ray within 1 year of entry into program.			
Results:			
TREATMENT			
Treatment recommendations for abnormal findings:			
Health Care Provider Signature:			Date
Health Care Provider P	rinted Name:		
Health Care Provider (	Contact Information:		
Complete and forward to	any Student Services Ce	nter:	
<b>Burlington Center</b> 496 McCanna Pkwy Burlington, WI 53105	Elkhorn Campus 400 County Road H Elkhorn, WI 53121	<b>Kenosha Campus</b> 3520 - 30 <sup>th</sup> Avenue Kenosha, WI 53144	Racine Campus 1001 S. Main Street Racine, WI 53403