



## TUBERCULOSIS RENEWAL FORM

### STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Drexel University ID:	DOB:	Date of Entry into Drexel:
Program (check one):	<input type="checkbox"/> ACE	<input type="checkbox"/> Co-op
	<input type="checkbox"/> CAT	<input type="checkbox"/> MSN: NP
	<input type="checkbox"/> NS/ISPP	<input type="checkbox"/> PA
	<input type="checkbox"/> MSN: Advanced Role	
	<input type="checkbox"/> HSAD	<input type="checkbox"/> DNP
	<input type="checkbox"/> COFT	<input type="checkbox"/> NUAN
	<input type="checkbox"/> PTRS	<input type="checkbox"/> DPT
	<input type="checkbox"/> Other	

The Annual TB Renewal Form should only be used to document an annual IGRA blood test or One-Step PPD result.

<b>Interferon Gamma Release Assay (IGRA)</b>	Date Obtained:	T-Spot Quantiferon (please choose)	<b>Result (lab report required):</b> <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate	<b>If Positive Result:</b> Date of Chest X-Ray:
				Result: Normal Abnormal
Facility Name: _____		Phone Number: _____		
Address: Street: _____		City: _____ State: _____		
Signature: _____				

**OR**

<b>1- STEP PPD TEST</b>			
Date: _____	Signature: _____		
Facility Name: _____		Phone Number: _____	
Address: Street: _____		City: _____ State: _____	
<b>PPD Reading</b>			
Date: _____ (Read within 48-72 hours of the first PPD.)	Results: _____		Signature: _____
Facility Name: _____		Phone Number: _____	
Address: Street: _____		City: _____ State: _____	