



DREXEL UNIVERSITY

College of

Nursing and Health Professions

TUBERCULOSIS RENEWAL FORM

STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Drexel University ID:	DOB:	Date of Entry into Drexel:

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

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

OR

1- STEP PPD TEST

Date: _____	Signature: _____
Facility Name: _____ Phone Number: _____	
Address: Street: _____ City: _____ State: _____	
PPD Reading	
Date: _____ (Read within 48-72 hours of the first PPD.)	Results: _____ Signature: _____
Facility Name: _____ Phone Number: _____	
Address: Street: _____ City: _____ State: _____	