



## 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.

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

**OR**

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