**TUBERCULOSIS RENEWAL FORM**

**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Drexel University ID:</th>
<th>DOB:</th>
<th>Date of Entry into Drexel:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Program (check one):
- ACE
- Co-op
- CAT
- MSN: NP
- NS/ISPP
- PA
- MSN: Advanced Role
- HSAD
- DNP
- COFT
- NUAN
- PTRS
- DPT
- Other

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)**

<table>
<thead>
<tr>
<th>Date Obtained:</th>
<th>T-Spot Quantiferon (please circle)</th>
<th>Result:</th>
<th>If Positive Result:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date of Chest X-Ray:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Result:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

Facility Name: ___________________________  Phone Number: ___________________________  City: ___________________________  State: __________

**OR**

**PPD Test**

Date: ___________________________  Signature: ___________________________

(Do not start first step on a Thursday.)

Facility Name: ___________________________  Phone Number: ___________________________  City: ___________________________  State: __________

Address: Street: ___________________________  Street: ___________________________  City: ___________________________  State: __________

**PPD Reading**

Date: ___________________________  Results: ___________________________  Signature: ___________________________

(Read within 48 hours of the first PPD.)

Facility Name: ___________________________  Phone Number: ___________________________  City: ___________________________  State: __________

Address: Street: ___________________________  Street: ___________________________  City: ___________________________  State: __________