

Tb Questionnaire

This form is to be completed by healthcare providers on students who have a positive PPD.

1. What is the date of the student's first positive Tb skin test? _____
2. Did the student receive INH therapy? Yes or no _____
3. Is the student's chest x-ray normal? Yes or no _____
4. Attach yearly chest x-ray result.
5. Is the student free of active signs and symptoms of TB infection? Yes or no _____

Healthcare Provider Signature _____ **Date** _____

Health Care Provider Phone Number _____