

GROSSMONT COLLEGE HEALTH PROFESSIONS

MANTOUX TUBERCULIN SKIN TEST

Once accepted, your TB must be in compliance throughout each semester. It cannot expire in the middle of a semester.

NAME: _____
Last First

All Health Profession students are required to have documentation of TB clearance after accepting their seat into the program and while enrolled in any of the health professions programs. See "TB Clearance Requirements" on the preceding page of this document for more information.

On this form, a signature and stamp will only be accepted from the following: Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

Step #1		
Date: _____ Time Given: _____	Manufacturer: _____ Dose: <u>0.1mL</u> Exp. Date: _____ Lot#: _____ Given By: _____ <div style="text-align: center;"><small>signature</small></div>	
Date: _____ Time Read: _____	Results: _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive Read By: _____ <div style="text-align: center;"><small>signature</small></div>	
If Mantoux Positive: Chest X-Ray Required Date: _____	Chest X-Ray Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (a copy of the report must be submitted with this form to the Program office)	

Step #2 (No sooner than 7 days after Step #1)		
Date: _____ Time Given: _____	Manufacturer: _____ Dose: <u>0.1mL</u> Exp. Date: _____ Lot#: _____ Given By: _____ <div style="text-align: center;"><small>signature</small></div>	
Date: _____ Time Read: _____	Results: _____ mm <input type="checkbox"/> Negative <input type="checkbox"/> Positive Read By: _____ <div style="text-align: center;"><small>signature</small></div>	
If Mantoux Positive: Chest X-Ray Required Date: _____	Chest X-Ray Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (a copy of the report must be submitted with this form to the Program office)	