



INITIAL TUBERCULOSIS (TB) SKIN TEST

LAST NAME: Arnold FIRST NAME: Chelea TSCC ID #: _____

DOB: 11/4/1994

TUBERCULIN (TB) 2 STEP MANTOUX SKIN TEST - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

STEP 1 - TEST #1:

NAME OF PERSON ADMINISTERING: Miranda Bicknell, RN

DATE ADMINISTERED (TEST #1): 12/19/2021 LOT #: 65805AA
W forearm

EXPIRATION DATE: 3/17/2023

DATE READ: 12-17-21 (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 1 RESULTS: 0 mm (please provide measure in millimeters) ☒ POSITIVE ☒ NEGATIVE ☐ REDNESS (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE M. J. Camp

**AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023**

On the date read (48-72 hrs after it is administered), your provider will evaluate, measure, and interpret the area. Your provider will document the millimeters (e.g. 0 mm, 4 mm, 12 mm) and if the 1st TST is negative, you will return for the 2nd test in 7-21 days. If the 1st test is positive, you should see your provider for additional evaluation and treatment.

IF TEST #1 WAS NEGATIVE - WAIT 7-21 DAYS BEFORE COMPLETING STEP 2

STEP 2 - TEST #2 - 7 - 21 DAYS AFTER STEP 1

NAME OF PERSON ADMINISTERING: Miranda Bicknell, RN

DATE ADMINISTERED (TEST #2): 1/4/2022 LOT #: 65805AA

EXPIRATION DATE: 3/17/2023

DATE READ: _____ (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 2 RESULTS: 0 mm (please provide measure in millimeters) ☒ POSITIVE ☒ NEGATIVE ☐ REDNESS (please identify results with a ✓)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE M. J. Camp

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Provider:
Please place office stamp
here (if possible) for
validation purposes.

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is negative - you are done!

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is positive, you should see your provider for additional information & treatment.

IMPORTANT NOTE:

If a TB skin test cannot be performed due to past + test or BCG vaccination:

- 1) Your provider will likely order a chest x-ray and you will provide the program with a Radiologist's report - OR
- 2) Your provider (on provider letterhead) can document that you are free from TB and do not need a 2-step TB test or chest x-ray

**AUM Student Health Services
Immunization Record**

Patient Name: Chelsea Arnold

Birthdate: 1.4.96

Allergies/Medical Alert: _____

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	1/4/2022	1-6-22	+	Sumati	CS805AA	exp 3/17/23 (DEF)	JMS

Initials	Signature	Initials	Signature
JMS			

AUBURN UNIVERSITY MONTGOMERY
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P.O. BOX 24402
MONTGOMERY, AL 36124-4023

STAMP ABOVE



**WARHAWK
HEALTH SERVICES**

TB Screening Questionnaire

Name: Chelsea Arnold

Date of Birth: 01/04/1996

Student Number: _____

Please mark "yes" or "no" to the following questions.

YES NO

1. Do you have a cough that has lasted longer than 3 weeks?		/
2. Have you coughed up blood or mucus?		/
3. Have you had fever, chills, or night sweats?		/
4. Have you had unintentional weight loss?		/
5. Have you been feeling very tired?		/
6. Have you lost your appetite?		/
7. Have you ever had a positive TB skin test result or Positive interferon gamma release assay (IGRA) result? If so, when?		/
8. Have you ever had an abnormal chest x-ray?		/
9. Have you recently had the mucus coughed up tested for TB?		/
10. Have you ever been told you had TB or latent TB?		/
11. Have you ever taken medicine for TB?		/
12. Have you ever lived with or had close contact with someone who had TB?		/
13. Do you currently have a rash on either forearm?		/
14. Are you immunocompromised? (Steroids, chemotherapy, or other?)		/
15. Have you received a live vaccine in the past 30 days?		/

All TB skin test and Chest x-rays must be performed in the U.S. to be valid.

I attest the above is true and accurate to the best of my knowledge.

Patient Signature: Chelsea Arnold

Date: 01/04/2022

Provider Signature: [Signature]

Date: 11/4/2022