

## STUDENT HEALTH SERVICES

478 S. JOHNSON ST. – 3<sup>RD</sup> FLOOR NEW ORLEANS, LA 70112 OFFICE (504) 568-1800 FAX 504-568-1799

## **Annual TB Skin Test**

| Ν            | lame:                                     |                                |  |
|--------------|---|--------------------------------|--|
|              | lame:<br>Last                             | First                          |  |
| C            | OOB:                                      | -                              |  |
| F            | Program: AH DS GS MED NU                  | R                              |  |
| _            | Date Administered:                        |                                |  |
| _            | Test Site:                                |                                |  |
| _            | Administered by:                          |                                |  |
| Patient ir   | n test<br>Initial here                    |                                |  |
|              |   |                                |  |
|              |   | For office use only            |  |
| Result:      | NEG@mm POS@                               | _mm<br>Date Read & TimeName of |  |
| CXR          | Neg Pos                                   |                                |  |
| □ INH        | □ Student Health to manage INH            |                                |  |
| <b>TB sx</b> | □ Wetmore to manage INH<br>discussed w/pt |                                |  |

\*\*PLEASE UPLOAD COMPLETED FORM TO: THE STUDENT HEALTH SUBMISSION PORTAL

\*Go to the LSU Health New Orleans website, https://www.lsuhsc.edu, Click on MENU  $\rightarrow$ M/LSUHSC  $\rightarrow$  Self Service  $\rightarrow$  Academic Self-Service then you must login and continue to upload your completed form.