

**GROSSMONT COLLEGE HEALTH PROFESSIONS
MANTOUX TUBERCULIN SKIN TEST REQUIREMENTS
SCHOOL OF NURSING**

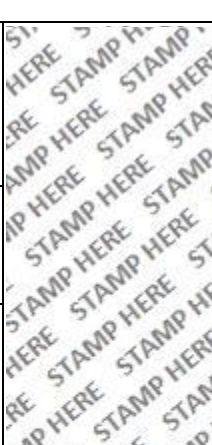
NAME: _____
Last
First


ID#: _____ Staff Student Other _____

All Health Profession students are required to have a 2-step INTRADERMAL TST (MANTOUX) prior to program start, unless previously positive. A TB test or Questionnaire is due yearly for all students and must be cleared through Health Services prior to submitting to program office.

This form must be signed off by a Grossmont College Health Services RN prior to submitting it to the Nursing Program Office.

To be cleared by the Grossmont College Health Services Department, supporting TB documentation must accompany this form for any TB test completed at another facility. **The size of indurations must be measured in mm.** 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: _____	
Date: _____ Time Read: _____	Results: _____ mm Read By: _____	
If Mantoux Positive: Chest X-Ray Required Date: _____	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: _____	
Date: _____ Time Read: _____	Results: _____ mm Read By: _____	
If Mantoux Positive: Chest X-Ray Required Date: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive (a copy of the report must be submitted with this form to the Program office)	

GROSSMONT COLLEGE HEALTH SERVICES OFFICIAL USE ONLY	
<input type="checkbox"/> Cleared to be on campus <input type="checkbox"/> Not cleared to be on campus	
Health Services Nurse: _____	Date: _____
Stamp: _____	