

**MIDDLEBURY COLLEGE**  
**Parton Health Services**

**Physician/Provider Tuberculosis (TB) Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ College ID#: \_\_\_\_\_  
Last First

**This form is required of all students who:**

- indicated on their health form that they have had potential exposure to TB through contact with high risk people, environments, or situations
- were born in or have traveled to high risk countries (according to CDC guidelines)

**Instructions for Physician/Provider:**

1. TB Skin Test (TST) **OR** Interferon-Gamma Release Assay (IGRA) is required
  - a. A history of BCG vaccination does not preclude testing
  - b. Unlike TST, IGRA is not influenced by prior BCG vaccination
2. If TST or IGRA is positive, Chest X-ray is required.

TST: Date Placed: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration

OR

IGRA: Date: \_\_\_\_\_ Result:  Negative  Positive  
 Indeterminate  Borderline (T-Spot only)

**Chest X-ray results: (If positive TST or IGRA)**

Date of X-ray: \_\_\_\_\_ Result:  Normal  Abnormal

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health Care Provider (Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_