Middlebury College Health Services
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 Healthcare 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: □Negative □Positive

Signature of Healthcare Provider ________________________________ Date:__________

Name of Healthcare Provider (print)________________________________________________
Address_______________________________________________________________________
City______________________________________State______________ Zip_______________
Phone (_____)__________________________Fax (_____)______________________________

Reviewed 9 20 2023 AFinch