

Western New England University Health Services

Tuberculosis Test – One Step

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Health Sciences learners are required to have a tuberculosis (TB) test called the Mantoux. This testing is provided in Health Services and will be implanted in your lower arm. The test must be read in Health Services **not sooner than 48 or later than 72 hours** after implantation. Failure to do so will result in a repeat test. The cost of a TB test at Health Services is **\$15** per implementation and can be paid for at the time of service or placed on the tuition bill.

Date Planted: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Planted: \_\_\_\_\_

Manufacturer and Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Planted by: \_\_\_\_\_ L/R Forearm

Date Read: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Read: \_\_\_\_\_

Results: \_\_\_\_\_ mm Read by: \_\_\_\_\_

If TB test is positive report of current chest radiograph (within 12 months) Month/Day/Yr \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If test done outside of WNE):*

Name of healthcare practitioner (print) \_\_\_\_\_

Office telephone number \_\_\_\_\_

Signature \_\_\_\_\_

This form is to be returned to Health Services suite 235 of the CSP building. If you have questions please call us at 413-782-1211.

Western New England University Health Services

Tuberculosis Test – Two- Step

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Health Sciences learners are required to have a tuberculosis (TB) test called the Mantoux. This testing is provided in Health Services is a subcutaneous injection and will be implanted in your lower arm.

In a two-step process the first test can be read in Health Services **7 days after implantation**. At the same visit the second TB test will be implanted. **The second test must be read not sooner than 48 hours or later than 72 hours** after implantation. Failure to do so will result in a repeat test. The cost of a TB test at Health Services is **\$15** per implantation and can be paid for at the time of service or the charge can be placed on the tuition bill.

#1 Date Planted: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Planted: \_\_\_\_\_  
Manufacturer and Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Planted by: \_\_\_\_\_ L/R Forearm  
Date Read: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Read: \_\_\_\_\_  
Results: \_\_\_\_\_ mm Read by: \_\_\_\_\_

#2 Date Planted: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Planted: \_\_\_\_\_  
Manufacturer and Lot # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Planted by: \_\_\_\_\_ L/R Forearm  
Date Read: Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Read: \_\_\_\_\_  
Results: \_\_\_\_\_ mm Read by: \_\_\_\_\_

If TB test is positive report of current chest x-ray (within 12 months) Month/Day/Yr. \_\_\_\_/\_\_\_\_/\_\_\_\_

*(If test done outside of WNE):*

Name of healthcare practitioner (print) \_\_\_\_\_  
Office telephone number \_\_\_\_\_  
Signature \_\_\_\_\_

This form is to be returned to Health Services suite 235 of the CSP building. If you have questions please call us at 413-782-1211.