

STUDENT HEALTH SERVICES
478 S. JOHNSON ST. – 3RD FLOOR
NEW ORLEANS, LA 70112
OFFICE (504) 568-1800
FAX 504-568-1799

Annual TB Skin Test

Name: _____
Last First

DOB: _____

Program: AH DS GS MED NUR

Date Administered: _____

Test Site: _____

Administered by: _____

Patient instructed and agrees to return to clinic within 48-72 hours for reading of TB skin test _____
Initial here

For office use only

Result: NEG@ _____ mm POS@ _____ mm _____
Date Read & Time Name of Person

- CXR Neg Pos
- INH Student Health to manage INH
- Wetmore to manage INH
- TB sx discussed w/pt

****PLEASE UPLOAD COMPLETED FORM TO: [THE STUDENT HEALTH SUBMISSION PORTAL](#)**
***Go to the LSU Health New Orleans Homepage, click MYLSUHSC>Self Service>Academic Self-Service, you must login and continue to upload your completed form.**