Tuberculosis Screening/Testing Form

Name:	/ Date of Birth://
All students must complete either section A or B below. Please refer to the VCOM Immunization Policy for detailed instructions and explanation.	
	Negative (Record actual mm of induration, 0") more than 3 weeks between 1st reading and 2nd
placement or the series must be repeated Test 2: (Must be administered at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the placement of the series must be repeated at least 7 of the series must be repeated at least 8 of the series must be repeat	days after 1 st Reading) Date read:/(MoDayYr) Negative (Record actual mmof induration,
B.	