HUNTINGDON COLLEGE
TB Skin Testing Report

This form is to be completed by the student’s health care provider for any student who has had a positive TB skin test or for whom a TB skin test is required, as determined by answers to questions on the Huntingdon College Health Form.

Student or parent:
Name of Student ________________________________________________
City/State of student’s hometown ____________________________________
Term and year of student’s entrance to Huntingdon College ____________

After completion of this form by your health care provider, please mail this form to:
Student Health Services, Huntingdon College
1500 E. Fairview Ave.
Montgomery, AL 36106

Health Care Provider:
Please record the size of the induration in millimeters. A result recorded as “Positive” or “Negative” will not be accepted. If there is no reaction, please record “0 millimeters.”
Students who have had the BCG vaccine are still required to have a PPD skin test. If the TB skin test is abnormal, a chest x-ray is required and IGRA testing is strongly recommended.

Please attach all documentation and sign below.
Date PPD Applied: ______________________________
Date PPD Read:
Size of Induration: ____________mm
Date of Chest X-ray:
Normal: _______________________________________
Abnormal: _______________________________________
Date of IGRA testing, if done: ________________________
Results: __________________________________________
Health Care Provider’s Signature: ____________________
Office Stamp: