



FLORIDA ATLANTIC UNIVERSITY
 CHRISTINE E. LYNN COLLEGE OF NURSING
 777 GLADES ROAD, BLDG. 84
 BOCA RATON, FL 33431

Visit us at <http://nursing.fau.edu/>

Tuberculosis Screening

THIS FORM MUST BE UPLOADED INTO CASTLEBRANCH

Date: _____

Name: _____

Z#: _____

Academic Program: _____

VACCINE	DATE(S)	RESULT(S)
TST (<i>required yearly</i>) if negative history (TB Skin Test) – OR		
If TST Positive a CXR dated within 6 months prior to starting nursing program. (No yearly requirement)		
QuantiFERON Gold Blood Test		
T-Spot Blood Test		

COMMENTS: _____

 NAME OF HEALTH CARE PROVIDER (PRINT)

 LICENSE #

 SIGNATURE OF HEALTH CARE PROVIDER

OFFICE ADDRESS (STAMP)