

NURSING ASSISTANT TB TEST RESULTS

Questions about how to complete this form?

Call: 217-786-2447 or 217-786-2574

Email: CNA.program@llcc.edu

www.llcc.edu/basic-nurse-assistant-cna

This form must be returned directly to the CNA office or your instructor by the due date assigned.

Student Information

STUDENT NAME (LAST, FIRST, MIDDLE INITIAL)

Physician/Nurse to Complete

According to the Illinois Department of Public Health regulations, students will require a negative two-step skin test (Mantoux two-step) OR a negative QuantiFERON (interferon-gamma release assay) blood test. If you receive a positive result on your two-step skin test (Mantoux two-step), a chest x-ray is required (please submit results to the CNA office or your instructor).

T.B. SKIN TEST

Date First Placed **Date Read** **Results**
 (MUST be read 48-72 hours after given)

Date First Placed **Date Read** **Results**
 (MUST be placed 7-21 days after first test and read 48-72 hours after given)

**IF TB SKIN TEST IS POSITIVE, PLEASE SUBMIT
NEGATIVE CHEST X-RAY.**

Date Given **Results**
 (MUST ATTACH COPY OF RESULTS)

OR

QUANTIFERON BLOOD TEST (PLEASE ATTACH COPY OF RESULTS)

Date Drawn **Results**

Signature

PHYSICIAN/NURSE SIGNATURE (REQUIRED)	DATE
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 PRINTED NAME OF PHYSICIAN/NURSE

 HOSPITAL/CLINIC NAME OF VERIFYING PHYSICIAN/NURSE

 ADDRESS

CITY	STATE	ZIP	PHONE NUMBER
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