

TWO-STEP TUBERCULOSIS SCREENING – Class of 2018

Student Name (Print): _____

(A) STUDENTS WHO ARE NEGATIVE PPD REACTORS: Mantoux Testing must be done within 1 year of starting Touro College of Osteopathic Medicine - NY

Date Applied: _____ Date Read: _____ Induration: _____ mm

(Complete line below only if 2-Step PPD is required by hospital)

Date Applied: _____ Date Read: _____ Induration: _____ mm

(B) STUDENTS WHO ARE POSITIVE PPD REACTORS (LATENT Tb) OR CONVERTERS WITH PREVIOUSLY OR NEWLY POSITIVE SKIN TESTS, PLEASE COMPLETE SECTION B

First positive skin test date: _____ Result (mm) if known: _____

BCG given in past: _____ Yes _____ No (If yes, provide approximate date of last BCG _____)

Date of Last CXR: _____ Result: _____ (Attach Copy – Must be within 2 years.)

Dates of any treatment (INH prophylaxis for 6-9 months): _____

If no treatment and under 35 years old, why was treatment not given? _____

STUDENT REACTORS (LATENT Tb) OR CONVERTERS COMPLETE THE FOLLOWING SYMPTOM CHECKLIST:

Have you recently:

- | | | |
|---|-----------|----------|
| Had an unexplained cough lasting more than 4 weeks? | _____ Yes | _____ No |
| Had sputum production? | _____ Yes | _____ No |
| Had an unexplained fever? | _____ Yes | _____ No |
| Had unexplained weight loss? | _____ Yes | _____ No |
| Had fever, night sweats or chills? | _____ Yes | _____ No |

Student Signature: _____ **Date:** _____

Health Care Provider: I attest that all dates, immunizations and Tuberculosis screening results are correct and accurate.

Name (Print): _____
Address: _____
City, State: _____
Telephone: _____
Fax : _____
E-Mail: _____
Signature: _____
Date: _____

Send the completed forms (Certificate of Immunity/Tuberculosis Screening, Health History/Physical Examination, and all other supporting documentation to:

TouroCOM Department of Clinical Education
Touro College of Osteopathic Medicine, 60 Prospect Avenue, Middletown, NY 10940
Telephone: 845-648-1000 Fax: 212-627-3691



4TH YEAR MEDICAL STUDENT

Touro College of Osteopathic Medicine – Middletown, NY Campus

Graduation Year: _____

Name (First, MI and Last): _____

Address: _____

Date of Birth (MM/DD/YYYY): _____

Telephone #: _____ Mobile Home Other

Touro Email: _____@student.touro.edu

Alternate Email: _____

Emergency Contact # 1:

Name: _____ Relationship: _____

Telephone #: _____ Mobile Home Other

Emergency Contact # 2:

Name: _____ Relationship: _____

Telephone #: _____ Mobile Home Other