



TB Test Results – Mandatory TB & Immunization Program

University of California, Berkeley

Name: _____ Date of Birth: _____ Student ID number: _____

*TB testing must be done **on or after 8/1/23** for Fall 2024 incoming/re-admitted students (**on or after 6/1/23** for Summer 2024 admits or **on or after 1/1/24** for Spring 2025 admits).

Fill out results for one test type below.

TB Blood Test (IGRA) **Strongly recommended if history of BCG vaccine

Test type: _____ **Result:** _____ **Date collected:** _____

QuantiFERON

Negative

T-spot

Positive

Tuberculin Skin Test (TST)

≥ 5 mm is positive if:

- Recent contact to infectious TB
- Immunosuppressed (splenectomy, HIV, chemotherapy, transplant patient)
- History of abnormal chest x-ray suggestive of TB

Otherwise ≥ 10 mm is positive

Date/time placed: _____ / ____:_____

Induration: _____ mm
(if no induration, write 0 mm)

Date/time read: _____ / ____:_____

Interpretation: Negative

Positive

SIGNATURE (required): Must be signed by a licensed healthcare provider (MD, DO, NP, PA, or RN)

Signature of Licensed Healthcare Provider

Date (MM/DD/YYYY)

Printed Name of Healthcare Provider

MD/DO/NP/PA/RN

