



TUBERCULOSIS SKIN TEST –TST (2 STEPS)
FOR LPN PROGRAM

Last Name First Name

Address

First TST

Induration: mm

Date Given: Signature/Title:

Date Read: Signature/Title:

Manufacturer Lot No.

Second TST

Induration: mm

Date Given: Signature/Title:

Date Read: Signature/Title:

Manufacturer Lot No.

(If TST is 15mm or greater a copy of a chest x-ray is required)

Chest x-ray date: Results: Negative Positive

Medical Treatment Plan:

Student can cannot participate in providing patient care in all clinical areas.

Provider Signature/Title:

MAIN CAMPUS

360 Choate Avenue
Buffalo, NY 14220
716-826-1200

2262 Seneca Street
Buffalo, NY 14210
716.826.1200

EXTENSION CENTER

6681 Transit Road
Williamsville, NY 14221
716-827-4300