ARKANSAS CERTIFICATION OF TUBERCULOSIS SCREENING FOR INSTITUTIONS OF HIGHER EDUCATION

CLINICAL ASSESSMENT BY HEALTH CARE PROVIDER

NAME OF STUDENT_____

BIRTH DATE_____**SSN**_____

EDUCATIONAL INSTITUTION_____

Please complete Box #1 or #2 and #3 if needed based on test results.

1. I certify that a **5 TU Mantoux PPD skin test** was applied on _____ and was read on _____by me or a licensed nurse under my supervision.
(mo./day/yr.)

The reading was _____ mm induration.

Name: _____ M.D. D.O. RN/RN/LPN
First MI Last
PHN School Nurse

Address: _____
Street Address or P.O. Box

_____
City State Zip Code

Signature: _____

2. **Interferon Gamma Release Assay (IGRA)**

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot Other_____

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Name: _____ M.D. D.O. RN/RN/LPN
First MI Last
PHN School Nurse

Location: _____

Signature: _____

3. I certify that an **Antero-Posterior Erect Chest Radiograph** was made on _____
And that it revealed:

- ❑ No evidence of tuberculosis, with the exception of calcified lymph nodes and/or nodules.
- ❑ Abnormalities consistent with scarring due to inactive tuberculosis.
- ❑ Abnormalities consistent with active tuberculosis.
- ❑ If certifier is the same as above, he may check here and omit name and address below.

Name: _____ M.D. D.O.

Address: _____ Medical Specialty: Radiology Pulmonology

Signature_____

Treatment Recommended: Yes No

NWACC
NORTHWEST ARKANSAS COMMUNITY COLLEGE

B-S-ADMN
Processed by: _____
Date: _____
Scanned by: _____
Date: _____

Arkansas Certification of Tuberculosis Screening for Institutions of Higher Education

Addendum

This form must be completed by a health care provider and attached to the Arkansas Certification of Tuberculosis Screening for Institutions of Higher Education form.

Student must resubmit both completed forms in order to return to campus.

Student Name: _____ **Student Birth Date:** _____

TB Results:	Negative	Positive
If Positive, is it contagious?	Yes	No
Can the student return to on-campus instruction?	Yes	No

If unable to return, what is the estimated date of treatment completion?

_____

_____ _____
Health Care Provider Signature Date

_____
Location

Mail Form: NWACC, Student Records Office, One College Drive, Bentonville, AR 72712 Updated: 5/14/2021
Turn in: Enrollment Support Center located on the 2nd floor of the Bentonville Student Center or at Washington County.
Upload document: https://api.nwacc.edu/lss/finaid/filedropbox (You must have a My NWACC Connection login to do this.)