



School of Nursing

291 Springfield Street
Chicopee, MA 01013-2839

FOR STUDENTS SEEKING INITIAL ENTRY INTO THE NURSING PROGRAM ONLY

Student Name: _____ DOB: _____

Tuberculosis Screening is REQUIRED for all nursing majors.

Read Info Carefully.

**If positive history, see below.*

Any **one** of these options is acceptable:

Option 1

Blood draw for quantiferon gold testing. Results should be negative.

Option 2

Blood draw for Tspot. Results should be negative.

Providers may fill out result section OR submit testing/results separately:

QFT

Date _____ Result _____

TSPOT

Date _____ Result _____

If you have received a positive result OR have previously had a positive result,
please submit the following:

Test _____ Date _____ Result _____

Chest X-ray (must be within 5 years): Date _____ Result _____

Please fill out and submit a Positive Tuberculosis Test Questionnaire Form. It is required
that this form be renewed annually

Provider Signature _____ Date _____

Provider Address _____ Phone _____