



College of Pharmacy
Office for Student Affairs
HPNP Complex

PO Box 100495
Gainesville, Florida 32610
Tel: (352) 273-6217
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Report of Laboratory Results
UF College of Pharmacy

Name of Pharmacy Student:
Please indicate campus site:

UF ID #:

*Blood Titers

Please indicate whether the blood titers provide immunity protection or do not provide protection by circling positive or negative.

Table with 3 columns: Disease Name, Postive, Negative. Rows include Rubeola, Rubella, *Varicella, Hepatitis B.

Two-Step TB Skin Test

Please indicate whether the Two-Step TB skin test is positive for exposure or negative for exposure.

Table with 3 columns: Test Name, Postive, Negative. Row: Two-step TB skin test.

Chest X-Ray

Please indicate if a chest X-ray was taken if the results are positive or negative for TB infection.

Table with 3 columns: Test Name, Postive, Negative. Row: Chest X-ray.

Printed name of Health Care Provider

Date

Signature of Health Care Provider

*Please note that a request for blood titers should be in response to a specific hospital requirement so that you can enter that institution for clinical training. Blood titers are not needed for every student in the experiential program. Varicella titers are needed if you cannot document in a medical chart that you had chicken pox or you have not been vaccinated against varicella.