



College of Pharmacy
Office for Student Affairs

HPNP Complex
PO Box 100495
Gainesville, FL 32610-0495
352-273-6217
352-273-6219 Fax

Student Name (Print)

UF-ID

Student Signature

Please submit the documentation about TB status by letterhead, official form, or this College of Pharmacy form.

TB Skin Test

Date Given

Health Care Provider Signature

Date Read

Circle One:
Positive Negative

Health Care Provider Signature

Important Note: If a TB skin test cannot be performed due past positive PPD tests or BCG vaccination, please either have a chest x-ray done with results interpreted or a statement from a physician on office letterhead that you are free from TB and do not need a TB skin test or chest x-ray.

Chest X-ray

Date Read

Circle One:
Positive Negative

Health Care Provider Signature