



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