



Tuberculosis (TB) Clearance

TB skin tests must meet ALL criteria listed below to be considered valid by the Hawaii State Department of Health.

1. Must be done in the United States
2. Must be taken within 12 months of school start date
3. Must be a PPD test (Mantoux)
4. Must list date given and date read in millimeters. The word “negative” or “positive” is **not** acceptable.
5. Must be signed by an MD, DO, PA or advanced practice nurse
6. If your PPD test is **positive** (10 mm or greater), in addition to the above information, a chest x-ray is required. The chest x-ray must be done in the United States.
 - a. Attach a copy of your chest x-ray report
 - b. The x-ray report **must** contain the wording “**no evidence of tuberculosis**” to be acceptable.

Last Name _____ First Name _____ Birthdate: _____ BYUH ID # _____
Print Print

Medical provider to complete:

PPD date given:	
PPD date read:	
Millimeter (mm) reading:	
Referred for chest x-ray? (Attach copy of x-ray report)	
Print MD, DO, PA or nurse name:	
Address Stamp:	
MD, DO, PA or nurse signature:	
Date:	

Please fax this form to the BYU–Hawaii Health Center at (808) 675-3506.