2-step TB SKIN TEST
Required of all incoming Pharmacy Students

Name: ______________________

Last First

Step #1
Date Given: ________/_______/_________
Time Given: ________ : _________

Step #2 (7-21 days following step #1)
Date Given: ________/_______/_________
Time Given: ________ : _________

Date Read: ________/_______/_________  Results in mm: ________________
Time Read: ________ : _________  Read By: ___________________________

Additional Comments:

Signature of Reviewer:
__________________  ____/_____/____
Name ____________  ____/_____/____ Date

**The first step of the TB test does not require a reading**

**If skin test results are positive a chest x-ray is required.**

Retain original of this form for your personal records and return one (1) copy to the Office of Experiential Education

Belmont University School of Pharmacy
Attn: Office of Experiential Education
1900 Belmont Blvd. Nashville, TN 37212