



TUBERCULOSIS SKIN TESTING FOR STUDENT TEACHERS

TB skin tests are given as close to the semester of student teaching as possible, preferably within 90 days of student teaching. **Watch for postings about TB testing clinics. TB clearance slip will need to be turned into the Student Teaching Office.**

The Illinois Department of Public Health requires the one-step TB test for teaching Kindergarten through 12th grade. If teaching pre-kindergarten, a two-step TB test is required. **Your TB testing should be completed at the EIU Health Service clinic. If you cannot attend the clinic, you can choose to schedule an appointment at EIU Health Service by calling 217-581-3013. TB testing done outside of EIU Health Service will only be accepted under extenuating circumstances. If you have your skin test conducted outside of EIU Health Service, follow the instructions below.**

One-Step TB Skin Test

1. Go to the Public Health Department or a Physician office in your area.
2. Advise the personnel that you need a one-step TB test conducted by this procedure.
 - Use PPD
 - Test is given, and then read within 48 to 72 hours after administration
 - Complete the attached TB test verification form with the following data:
 - ❖ TB Signs & Symptoms screening date
 - ❖ Date given
 - ❖ Date read
 - ❖ Print Name and signature of Nurse or MD that read the results
 - ❖ Result of testing documented as MM (millimeters)*f*
3. **Send original verification form to:** Eastern Illinois University Student Teaching Dept., 600 Lincoln Ave., Charleston, IL 61920. Telephone: (217) 581-2620; Fax: (217) 581-7915

Two-Step TB Skin Test

1. Go to the Public Health Department or a Physician office in your area.
2. Advise the personnel that you need a two-step TB test conducted by this procedure.
 - Use PPD
 - First test is given and then read within 48-72 hours after administration
 - Second test is given 7 days after administration of first test and then read within 48-72 hours after administration.
 - Complete the attached TB test verification form with the following data:
 - ❖ TB Signs & Symptoms screening date
 - ❖ Dates given
 - ❖ Dates read
 - ❖ Print name and signature of Nurse or MD that read the results
 - ❖ Results of testing documented in MM (millimeters)
3. **Send original verification form to:** Eastern Illinois University Student Teaching Dept., 600 Lincoln Ave., Charleston, IL 61920. Telephone: (217) 581-2620; Fax: (217) 581-2518

Student Teaching Dept. #1420 Buzzard Hall, 600 Lincoln Avenue. Charleston, Illinois 60920 – 3099 Phone: 217-581-2620 -- Fax: 217-581-2518

TB TEST VERIFICATION FORM

If TB test is done off campus, this form MUST be completed by medical personnel and sent to the EIU Student Teaching office to verify TB test compliance.

*******NO OTHER FORMS OR DOCUMENTATION WILL BE ACCEPTED*******

This is to certify that _____, Birthdate _____

E# _____ is free of tuberculosis in a communicable form.

This certification is based on:

_____ (a) Negative TB symptoms screening on _____. **(MUST BE COMPLETED)**

AND, one of the following:

_____ (b) PPD one-step given on _____ and read on _____ results _____ mm.

_____ (c) PPD two-step given on _____ and read on _____ results _____ mm.

_____ given on _____ and read on _____ results _____ mm.

_____ (d) Chest x-ray taken on _____ (date), and copy of x-ray results attached.

Clinic/Physician Name: _____

Address: _____

Phone: _____

Verified by: _____

Print Name

Signature: _____

Nurse or Physician

Date: _____

***If this form is NOT complete, it will NOT be accepted and will be returned to the student**