Name ______________________________ Date of Birth ______________________________

AUBURN Email: _______________ AUBURN ID #: ______________________________

**Type of Test:**

**TB Blood Test:** Date Drawn: ________________

☐ T-Spot ☐ QuantiFERON Gold

Results: Negative Positive

**TB Skin Test:** Date Given: ___________ Date Read: ___________

☐ PPD Intermediate Skin Test ☐ Left Arm ☐ Right Arm

Results: ________ mm Negative Positive

(Must be read NO EARLIER than 48 hours, NO LATER than 72 hours)

**PLEASE NOTE – A Chest X-RAY is no longer accepted**

Location or Stamp of Test Administered:

_________________________ __________________________
Signature of Person Reading Results Date

PLEASE UPLOAD YOUR RESULTS TO YOUR MED+PROCTOR ACCOUNT

If you have any question, please call us at (334)-844-4416