MIT Health
Massachusetts Institute Of Technology
77 Massachusetts Ave, E23-127
Cambridge, MA 02139

Tuberculin Requirement

Mail, fax, or email the completed form before the applicable deadline listed below to avoid a registration hold:

- Mail: MIT Heath - Student Health Service, 77 Massachusetts Ave., E23-127, Cambridge, MA 02139-4307
- Fax: + (1) 617-253-4121
- Email: We recommend that you email your documents securely via Zix, our preferred secure email service. Create an account at: *web1.zixmail.net/s/e?b=medical.mit*, and send your documents to medrpt@med.mit.edu.

Patient name _____ **DOB**_____

Section A — to be completed by health care provider

- Multiple-puncture TB tests are not acceptable (tine, HEAF, etc.).
- History of BCG is not a contraindication to TB testing.

Mantoux 5TU

Test date:_____ **Result:** _____
date (month/day/year) result (mm)

Interferon gamma release assay (IGRA)

Test date:_____ **Include a copy of test results.**
date (month/day/year)

Section B — to be completed by health care provider in the event of positive tuberculosis test or history of tuberculosis

1. Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. The chest X-ray report must be written in English and dated within 12 months prior to entrance to MIT.
2. Did the student receive tuberculosis therapy? ☐ Yes ☐ No
   • *If yes, provide information about therapy:* Start date:_____ Completion date:_____

Provide a clinical evaluation.

Does the patient exhibit cough, hemoptysis, fever, chills, night sweats, or weight loss? ☐ Yes ☐ No

• *If yes, please describe:* _____

Certification by health care provider (required)

Signature of physician/PA/NP/RN _____

Printed name _____ **Date** _____