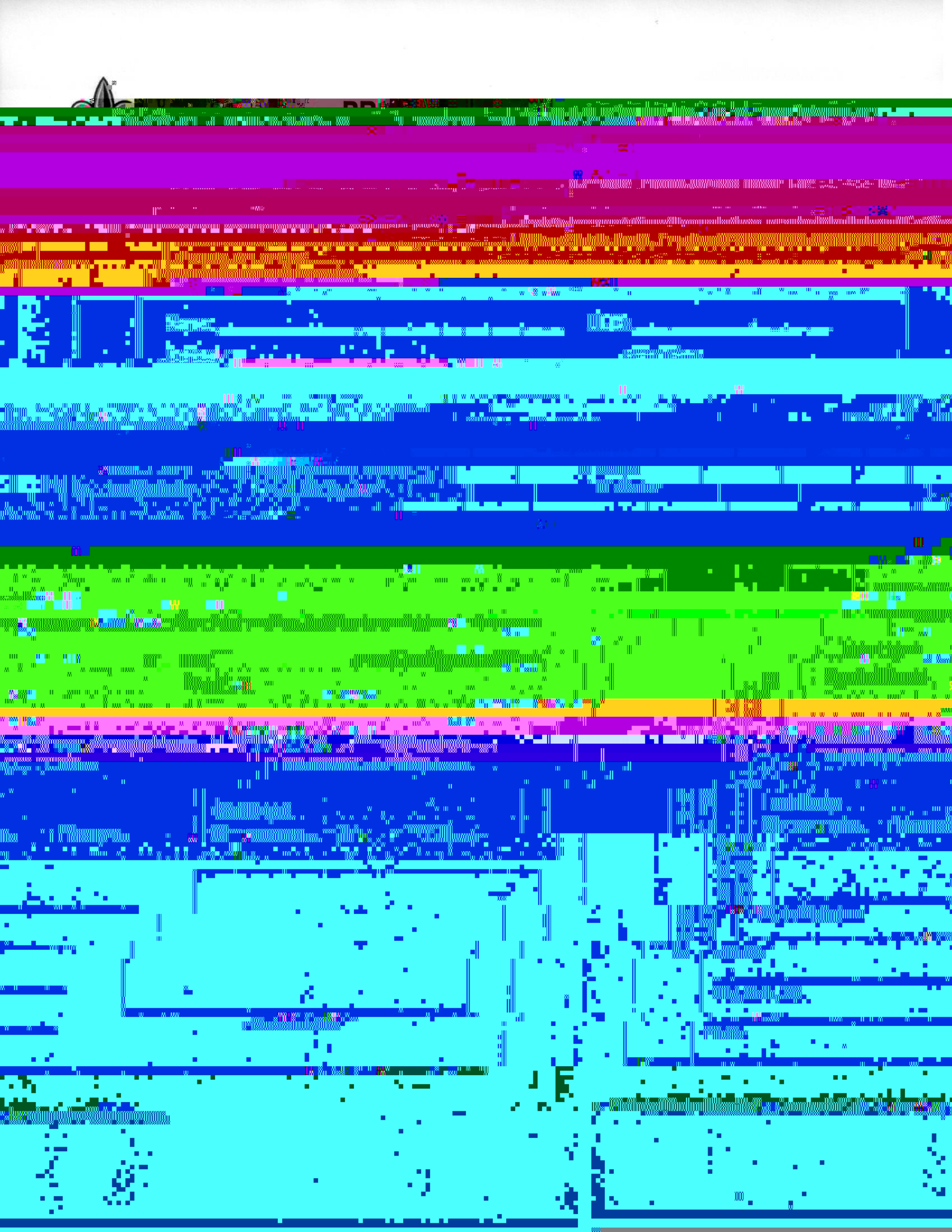

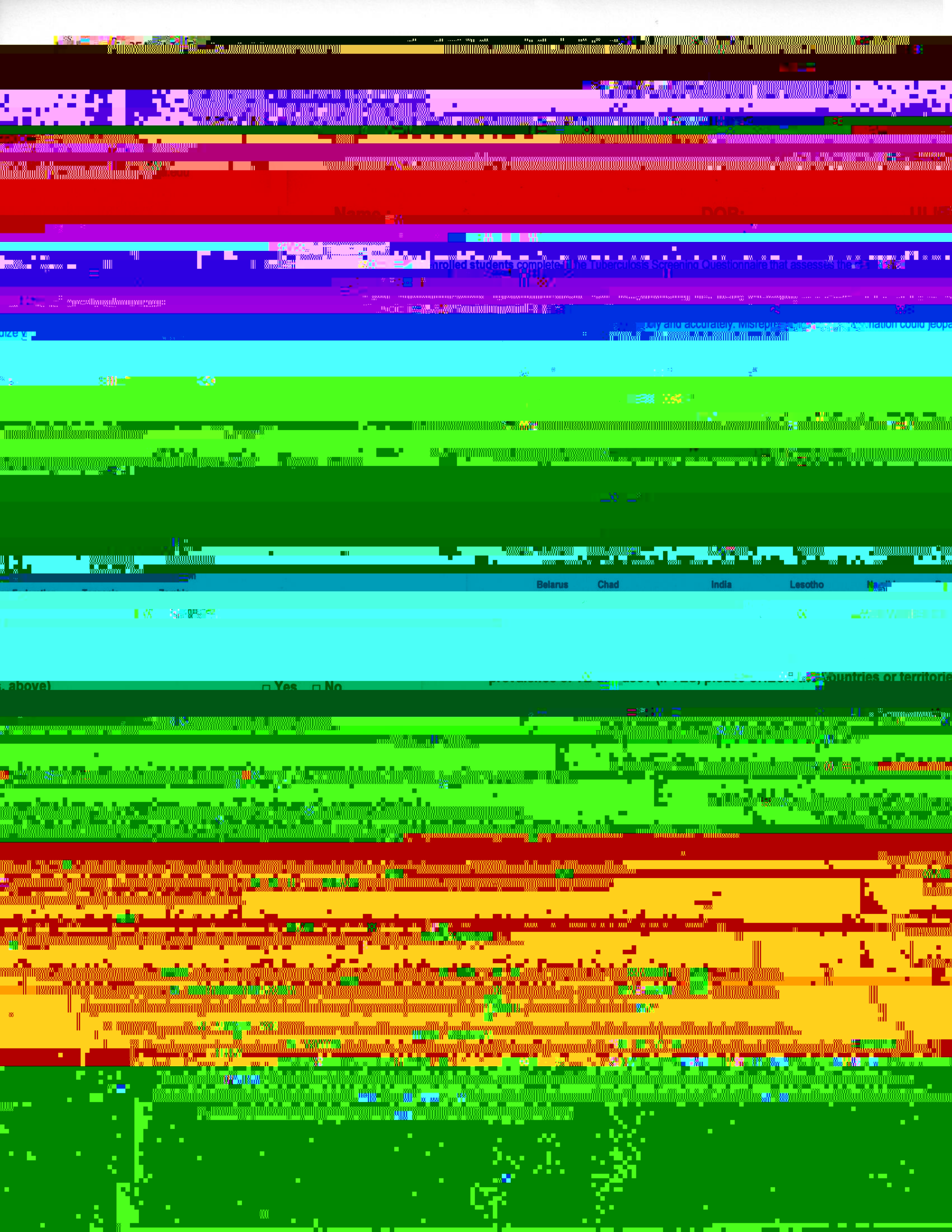

L A F A Y E T T E

Tuberculosi

To be completed by a Health Care Provider***

FAILURE TO COMPLETE THIS

Student Health Services: P.O. Box 43692, Lafayette, LA 70504-3692 • Phone: 337-482-129

Name: ______________________ **DOB:** ______________ **Date:**

1. Does the student have signs or symptoms o

2. T... – TST recorded as actual millimeters of induration. Recommended interpretation below. Base results on risk factors

IF TST AND IGRA TEST COME BACK POSITIVE, STUDENT WIL... BE REFERRED TO LAFAYETTE PUBLIC HEALTH UNIT FOR ME... EVALUATION AND CHEST X-RAY. A letter of clearance is

... documents to (337)482-1672 or scan and email to immunizations@louisiana.edu prior to starting seme... UL Lafaye...

Medical offic...