

PPD (TB) Test Form – Required for entry to Colorado College

Name of Student: _____

Date of Birth: _____ Student ID: _____

The PPD (TB) test results reported on this form must be from a test which has been completed within the six months prior to validation (it might be best to think of this as 6 months prior to your arrival on campus).

Date of Test Result: _____

PPD (TB) Test Result (Positive or Negative): _____

(If Positive) Result of Chest X-Ray: _____

Signature: _____ Today's Date: _____

(Physician or Nurse)

Please send the completed form to:

Boettcher Health Center
1106 N. Cascade Ave.,
Colorado Springs, CO 80903
Tel. 719-389-6384
Fax. 719-389-6928