

**NURSING TRAINING CENTER, LLC**  
**1143 N. Detroit St.**  
**Xenia, OH 45385**  
**Phone: 937-776-2344**

Student Name: \_\_\_\_\_

**STEP 1**

DATE GIVEN	I SITE GIVEN	I GIVEN BY

DATE READ	I RESULTS	I READ BY

**STEP 2**

DATE GIVEN:	I SITE GIVEN:	I GIVEN BY:

DATE READ:	I RESULTS:	I READ BY:

**T-SPOT OR QUANTIFERON GOLD TB TEST**

DATE \_\_\_\_\_ RESULT: \_\_\_ POSITIVE OR \_\_\_ NEGATIVE

**IF POSITIVE TB REACTORS:** Documentation of the following must be provided:

Initial Chest X-ray DATE: \_\_\_\_\_ Result: \_\_\_ Positive or \_\_\_ Negative

If positive Negative T-Spot or QuanteFERON, you must get a Chest X-ray

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider stamp:

