**ANNUAL**
(unless required more frequently)

**TB Skin Test Guide**
(For individuals who have not previously tested positive)

- **TB Skin Test**
  (only for individuals who have not previously tested positive)

- **Negative Results**
  (Must include validation signature/stamp)

- Cleared for TB, OK to participate in health care agency clinicals

**TB Skin Test Assessment Guide**
(for individuals with a previously positive TB skin test)

- **TB Skin Test Assessment**
  (for individuals with a previously positive TB skin test)

  - See Health Care Professional (HCP), Physician, NP, PA licensed in the U.S.

  - HCP determines if patient needs additional testing (including a new CXR)

  - HCP writes a TB clearance prescription/letter or Completes TB Assessment Clearance Form

  - TB clearance prescription/letter or TB Assessment Form must include patient’s name, DOB, Date of HCP visit, with “Patient cleared for TB, OK to participate in health care agency clinicals,” and signature with stamped (or printed) name, office name, address, and phone number.

  - A copy of most recent CXR written report (performed in the U.S.), signed by the HCP, must be submitted with the TB clearance prescription letter/TB Assessment Form
TB Test Newly Positive Guide
(for individuals with a newly Positive TB Test)

Positive X-Ray

TB Skin Test (Newly Positive)

Positive Results
(Must include validation signature/stamp)

See Health Care Professional (HCP), Physician, NP, PA licensed in the U.S.

CXR (performed in U.S.)
(Minimum Annual Requirement or as required)

CXR Positive Results

HCP with Treatment

HCP documents on written CXR report,
must include patient’s name, DOB, Date of HCP visit, with
“Patient cleared for TB, OK to participate in
health care agency clinicals,”
and signature with stamped (or printed) name, Office name, address, and phone number.

Negative X-Ray

TB Skin Test (Newly Positive)

Positive Results
(Must include validation signature/stamp)

See Health Care Professional (HCP), Physician, NP, PA licensed in the U.S.

CXR (performed in U.S.)
(Minimum Annual Requirement or as required)

CXR Negative Results

HCP documents on written CXR report,
 must include patient’s name, DOB, Date of HCP visit, with
“Patient cleared for TB, OK to participate in
health care agency clinicals,”
and signature with stamped (or printed) name, Office name, address, and phone number.