



## TUBERCULIN SKIN TESTING INSTRUCTIONS

### ***TB Test Locations:***

- Your health care provider
  
- *Bellin Occupational Health Solutions* offers reduced prices.  
*Bellin Occupational Health* can provide your physical examination within 48 hours.  
Call 920-430-4560 to find the provider closest to you and schedule an appointment.  
NOTE: Bellin will not accept insurance for these services.  
TB Skin Test is \$16 each (two total required).
  
- *N.E.W. Clinic at NWTC* located in Room HS211.  
Call 920-498-5436 to make an appointment.  
Appointments are available on Mondays and Tuesdays only.  
Cost is \$5 per test. (two total required)

### ***What to Expect:***

This process takes approximately 2 weeks to complete.

- The TB test is a two-step process (two tests).
- The two tests must be completed 7 days apart.
- You will visit the medical provider a total of 4 times.
  - The first visit is when you receive your first TB shot.
  - The second visit is when the TB shot results are read.
  - 7 days after your TB shot you will return for a 2<sup>nd</sup> TB shot
  - A fourth visit is required for the results of the 2<sup>nd</sup> TB shot.

### ***Where to send results:***

- BEST METHOD: Use a scanner to scan the results and save as a PDF. Upload the PDF to your [www.Castlebranch.com](http://www.Castlebranch.com) account. DO NOT EMAIL to CastleBranch.
- Fax: You can have the Medical Office Fax results to CastleBranch. You will need to include the fax cover sheet from your CastleBranch account in order to identify the correct account for uploading.
- Photo: At times students take pictures to upload. This is not always the best as photos can be blurry and easily rejected.

**Castlebranch Contact:** 888-723-4263 or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)

**\*\*\* Use of this form for TB test Documentation is OPTIONAL \*\*\***

**TUBERCULIN SKIN TESTING RECORD**  
**(ALL INFORMATION IS REQUIRED FOR EACH TEST)**

***The two-step (two tests) process is necessary unless you have had a TB test in the past twelve months. The two tests must be a minimum of 7 days apart.***

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**STEP ONE**

Date Test Applied: \_\_\_\_\_ Time: \_\_\_\_\_

Signature and Title of Applier: \_\_\_\_\_

Agency/Clinic: \_\_\_\_\_

Date Test Read: \_\_\_\_\_ Time: \_\_\_\_\_

Result: \_\_\_\_\_

Signature and Title of Interpreter: \_\_\_\_\_

Agency/Clinic: \_\_\_\_\_

**STEP TWO (Not necessary only if you have proof of another TB test done during the past 12 months. )**

Date Test Applied: \_\_\_\_\_ Time: \_\_\_\_\_

Signature and Title of Applier: \_\_\_\_\_

Agency/Clinic: \_\_\_\_\_

Date Test Read: \_\_\_\_\_ Time: \_\_\_\_\_

Result: \_\_\_\_\_

Signature and Title of Interpreter: \_\_\_\_\_

Agency/Clinic: \_\_\_\_\_