University of New England and State of	f Maine Requirements

Name: ______Date of BirtU1/PAMI July 1____

Revised: 12/4/23 JC



University of New England and State of Maine Requirements

Name:	Date of Birth
Tuberculosis testing is required within one year prior to UNE start date. Either a TB blood test (QuantiFERON®-TB Gold or T-SPOT® TB) OR a 2-step PPD (TST) are acceptable.	
[] Prior positive tuberculin skin test [] History of latent TB Record antibiotic therapy, if taken: Start Date: Date of Completion: Date of chest X-ray (attach report):	
	
Sgnature of Health Care Provider	Date

Revised: 12/4/23 JC

Printed/Typed Name of Health Care Provider

Telephone Number