

TUBERCULOSIS SCREENING

Student Name: _____ Birth Date: ____/____/____

STEP 1: STUDENT MUST ANSWER THE FOLLOWING QUESTIONS

- Yes No Do you have any of the signs or symptoms of active pulmonary tuberculosis disease—cough for 3 weeks or longer with or without sputum production, chest pain, unexplained weight loss, fever, coughing up blood, loss of appetite, or night sweats?
- Yes No Are you an international student?
- Yes No Were you born in OR have you had frequent or prolonged visits to AFRICA, ASIA (including China & Korea), EASTERN EUROPE OR LATIN AMERICA? The significance of the travel exposure should be discussed with healthcare provider & evaluated.
- Yes No Do you have a history of positive PPD skin test or IGRA blood test?
- Yes No Have you ever had close contact with persons known or suspected to have active TB disease?
- Yes No Have you been a resident and/or employee of high-risk congregate settings (e.g. correctional facilities, long-term care facilities & homeless shelters) or served clients at high risk for active TB disease?
- Yes No Have you ever been a member of any of the following groups that may have an increased incidence of Latent M. tuberculosis infection or active TB disease—medically underserved, low-income, or abusing drugs or alcohol?

STUDENT SIGNATURE: _____ DATE: : ____/____/____

Parent signature if student under 18 years old

- **IF YOU ANSWERED “YES” TO ANY QUESTIONS ABOVE, PROCEED TO TUBERCULOSIS TESTING STEP 2 FOR ADDITIONAL EVALUATION TO EXCLUDE TUBERCULOSIS DISEASE.**
- **IF YOU ANSWERED “NO” TO EVERY QUESTION, YOU ARE CONSIDERED LOW RISK AND MUST SIGN AND DATE THIS FORM, THEN UPLOAD FORM ALONG WITH YOUR OTHER HEALTH FORMS TO THE ONLINE SKIDMORE STUDENT HEALTH PORTAL.**

TUBERCULOSIS TESTING / PLEASE COMPLETE SCREENING FORM FIRST

Student Name: _____ Birth Date: ____/____/____

STEP 2: PROVIDER ASSESSMENT

PROCEED TO EITHER PPD (TST-Tuberculin Skin Test) OR IGRA. **REQUIRED after August 1, 2019.**

PPD OR MANTOUX

Result should be recorded as actual millimeters (mm) of induration, transverse diameter. If no induration, write "0". The *interpretation should be based on mm of induration as well as risk factors.

Date Given: ____/____/____ Date Read: ____/____/____
MM DD YY MM DD YY

Result: ____ mm of induration Interpretation: ____ positive ____ negative

OR

INTERFERON GAMMA RELEASE ASSAY (IGRA)

A history of BCG vaccination should NOT preclude testing of a member of a high risk group.

Date Obtained: ____/____/____ Result: ____ negative ____ positive ____ indeterminate ____ borderline
MM DD YY

➤ **IF NEGATIVE RESULT, HEALTHCARE PROVIDER MUST SIGN FORM.**

➤ **IF POSITIVE RESULT, PROCEED TO STEP 3.**

STEP 3: CHEST X-RAY REQUIRED if either the TST or IGRA result is positive. there is a past history of a positive tuberculosis test, or patient is experiencing signs or symptoms of active pulmonary tuberculosis disease.

Date: ____/____/____ Result: ____ normal ____ abnormal
MM DD YY

STEP 4: PREVENTATIVE OR THERAPEUTIC TUBERCULOSIS TREATMENT IF INDICATED

Medication(s) - Please list: _____ Dates Taken: _____

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Treatment offered but student declined.

PROVIDER INFORMATION & SIGNATURE REQUIRED

Name & Title of Healthcare Provider (please print)

Provider Signature

Date

Phone: (____) _____ Fax: (____) _____

Address (print or stamp)

*Interpretation guidelines

≥ 5 mm is positive in:

- recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for 1 month)
- HIV-infected persons

≥ 10 mm is positive in:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight

≥ 15 mm is positive in:

- persons with no known risk factors for TB

STUDENT MUST SCAN AND UPLOAD DOCUMENT TO THE ONLINE SKIDMORE STUDENT HEALTH PORTAL ALONG WITH PHYSICAL EXAM AND IMMUNIZATION RECORD.