TO BE COMPLETED BY A LICENSED PHYSICIAN OR QUALIFIED LICENSED MEDICAL AUTHORITY

Persons with any of the following are candidates for either Mantoux Tuberculin Skin Test (TST) or Interferon-Gamma Release Assay (IGRA), unless a previous positive test has been documented.

RISK FACTOR: (circle correct answer)

YES / NO  Recent close contact with someone with infectious TB disease?

YES / NO  Foreign-born from or traveled* to/in a high prevalence area? (e.g., Africa, Asia, Eastern Europe, or Central or South America)

YES / NO  Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease?

YES / NO  HIV/AIDS?

YES / NO  Organ transplant recipient?

YES / NO  Immunosuppressed? (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)

YES / NO  History of illicit drug use?

YES / NO  Resident, employee, or volunteer in a high-risk congregate setting? (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)

YES / NO  Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus; silicosis; head, neck, or lung cancer; hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia; end stage renal disease; intestinal bypass or gastrectomy; chronic malabsorption syndrome; low body weight (i.e., 10% or more below ideal for the given population)]

*The significance of travel exposure should be discussed with a health care provider and evaluated.

YES / NO  1. Does the student have signs or symptoms of active tuberculosis disease?
   If no, proceed to question 2 or 3.
   If YES: proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

YES / NO  2. Tuberculin Skin Test (TST)
   TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, enter “0”. The TST interpretation should be based on mm of induration as well as risk factors. **

   Date Given: ______________________ (month/day/year)  Date Read: ______________________ (month/day/year)

   Result: ________ mm of induration     **Interpretation: Positive ________  Negative ________
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____________ (month/day/year)  Specify method: QFT-G  QFT-GIT  Other _________

Result: Negative _____________  Positive _____________  Intermediate _____________

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: _____________ (month/day/year)  Result: Normal _____  Abnormal _________

**Interpretation Guidelines**

>5 mm is positive:

- 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
- Immunosuppressed persons: taking > 15 mm/d of prednisone for > 1 month; taking a TNF-a antagonist
- Persons with HIV/AIDS

>10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; head, neck or lung cancer; low body weight (>10% below ideal), gastrectomy or intestinal bypass; chronic malabsorption syndromes

>15 mm is positive

- Persons with no known risk factors for TB disease

*The significance of the exposure should be discussed with a health care provider and evaluated.

Signature of Licensed Physician or Qualified Licensed Medical Authority ____________________________ Date _____________

Physician or Medical Authority Information (PRINT OR TYPE):

Name: ____________________________

Address: ____________________________

Telephone: ____________________________ OFFICE STAMP: ____________________________