

TB Clinical Assessment by Health Care Provider

(This form is only required if student answered YES to any of the questions on Page 1)

Clinicians should review and verify the information answered on Page 1: TB Risk Screening. Students answering YES to any of the questions are candidates for either Mantoux tuberculin skin test (TST aka PPD) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented. A chest X-ray alone cannot be used to test for TB exposure, it is only indicated if a TST or IGRA is positive.

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes No

If **no**, proceed to 2 or 3.

If **yes**, check below, then proceed with additional evaluation to exclude active tuberculosis disease.

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

2. Tuberculin Skin Test (TST): Date Given: _____

Date Read: _____ Result: _____ mm of induration

Interpretation: Positive Negative

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ (specify method) QFT-GIT T-Spot Other _____

Result: Negative Positive Indeterminate Borderline (T-Spot only)

Treatment Plan: _____

Chest X-ray: (Required if TST or IGRA is positive, cannot be used as sole indicator for TB infection)

Date of Chest X-ray: _____ Result: Normal Abnormal

Provider Signature: _____ Date: _____

Official Office Stamp:
