



Tuberculosis Clinical Assessment by Healthcare Provider

(Student – please take this form with you when you see your healthcare provider)

This student has been referred to a licensed healthcare provider due to a positive Tuberculosis Risk Assessment. We ask healthcare providers to:

- Rule out active pulmonary tuberculosis disease
- Perform a screening test for latent TB (if there is no history of a positive test)
- Perform a CXR for patients with a positive TB screening test and no evidence of active TB
- Consider treatment for latent TB, if applicable

STUDENT INFORMATION

Patient Name: _____ Date of Birth: _____

Red ID: _____

STEP 1: HISTORY AND SYMPTOM CHECK

Does the patient have a history of a positive TB skin test or IGRA blood test? ☐ Yes ☐ No

If yes, document the positive test in Step 2 and complete CXR in Step 3.

Does the patient have a history of a BCG vaccination? ☐ Yes ☐ No

If yes, consider IGRA in Step 2, if possible.

TB Symptom Check

Does the student have any of the signs or symptoms of active tuberculosis (listed below)? ☐ Yes ☐ No

- ☐ Cough lasting 3 weeks or longer that is not associated with a specific illness
- ☐ Hemoptysis (coughing up blood)
- ☐ Fever or chills, unexplained
- ☐ Night sweats (sweating that leaves the bedclothes and sheets wet)
- ☐ Persistent shortness of breath, unexplained
- ☐ Chest pain
- ☐ Weight loss
- ☐ Fatigue (feeling very tired), unexplained

STEP 2: SCREENING TEST FOR TB

A TB screening test is required for all students, with or without symptoms of TB. Providers may use TST or IGRA, but IGRA is preferred. Please complete the information requested for the test performed. Students may only use prior testing from within the last 12 months and must upload a copy of the lab results with this completed form.

Interferon Gamma Release Assay (IGRA)

Date Obtained: ____ / ____ / ____

Method: ☐ QFT-GIT ☐ T-SPOT ☐ Other

Result: ☐ Negative ☐ Positive ☐ Indeterminate ☐ Borderline (T-SPOT only)

Tuberculin Skin Test (TST)

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

Date Placed: ____ / ____ / ____

Date Read: ____ / ____ / ____

Result: _____ mm of induration

Interpretation: ☐ Negative ☐ Positive

*Interpretation Guidelines

≥ 5 mm is positive:

- Contact with a person who is infected with active tuberculosis within the last three months
- Prior abnormal chest x-ray suggestive of tuberculosis
- Diagnosed with Human Immunodeficiency Virus (HIV)
- Immunosuppressed person:
- Currently take or plan to take immunosuppressants
- Organ transplant recipient
- Treated with TNF-NF-alpha antagonist (e.g., infliximab, etanercept, others) or other immunosuppressive medication
- Use of prescription steroids (i.e. taking an equivalent of > 15 mg/day of prednisone for > 1 month)

≥ 10 mm is positive: For all others

STEP 3: CHEST X-RAY

This is required if the TST or IGRA is positive. Written radiology chest x-ray report in English must be submitted with this form.

Date of Chest X-ray: ____ / ____ / ____

Result: ☐ Normal ☐ Abnormal

STEP 4: MANAGEMENT OF A POSITIVE SCREENING TEST

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should be considered for treatment of latent TB.

Date of Chest X-ray: ____ / ____ / ____

Result: ☐ Normal ☐ Abnormal

- ☐ Treatment for latent TB was NOT recommended. Reason: _____
- ☐ Treatment for latent TB was recommended.
- ☐ Student agrees to receive treatment.
- ☐ Student declines treatment at this time.

PROVIDER INFORMATION

Healthcare Provider Name & Title _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Students: Upload this form on the Uploads tab in HealtheConnect after completion. Ensure you also upload all required results.

<https://healtheconnect.sdsu.edu>

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