



**Tuberculosis (TB) Clinical Assessment by Health Care Provider**

Persons answering YES to any of the screening questions, are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) Yes \_\_\_\_ No \_\_\_\_

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes \_\_\_\_ No \_\_\_\_

**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:**

- 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

Proceed with additional evaluation to exclude active tuberculosis disease including chest x-ray (PA and lateral) and sputum evaluation as indicated.

**2. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT T-Spot Other \_\_\_\_  
M D Y

Result: negative \_\_\_\_ positive \_\_\_\_ indeterminate \_\_\_\_ borderline \_\_\_\_ (T-Spot only)

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT T-Spot Other \_\_\_\_  
M D Y

Result: negative \_\_\_\_ positive \_\_\_\_ indeterminate \_\_\_\_ borderline \_\_\_\_ (T-Spot only)

**3. Tuberculin Skin Test (TST)**

(TST result should be recorded as actual 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 Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Result: \_\_\_\_mm of induration

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

\*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Result: \_\_\_\_mm of induration

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

\*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

Signature of provider \_\_\_\_\_ License No. \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_