



Tuberculosis Testing Form

To be completed by Health Care Provider

Student Health Services
270 Mohegan Avenue
New London, CT 06320
Tel: 860-439-2275
Fax: 860-439-5430

Student Name _____ Date of Birth _____
Last First MI

Health Care Provider should review the information on the Tuberculosis Screening Questionnaire. Students answering "YES" to any of the questions are candidates for tuberculosis (TB) testing with either Mantoux TB 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, then document below) YES _____ NO _____
-History of BCG vaccination? (If YES, consider IGRA) YES _____ NO _____

TB SKIN TEST (Mantoux skin test only) OR

Date Planted: ___/___/___

Date Read: ___/___/___

Result in induration: _____ mm

If no induration, mark "0"

Interpretation: NEGATIVE POSITIVE

TB BLOOD TEST: Lab report must be attached

Quantiferon T-Spot

Date: ___/___/___

Result: NEGATIVE POSITIVE

INDETERMINATE BORDERLINE (T-spot Only)

CHEST X-RAY (Required if TST or IGRA Positive)

Chest X-ray Date: ___/___/___

Chest X-ray Interpretation: NORMAL ABNORMAL

*Include copy of Chest X-ray

MANAGEMENT OF POSITIVE TST or IGRA

All students with a positive TST or IGRA with no signs of active TB disease on chest X-ray should receive a recommendation to be treated for latent TB infection (LTBI) with appropriate treatment.

LTBI Medication Treatment

Medication Treatment: If YES: Dates of Treatment: ___/___/___ to ___/___/___

Treatment Regimen: _____

If NO: Reason: _____

Students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
Recently infected with M. tuberculosis (within the past 2 years)
History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest X-ray consistent with prior TB disease
Have had a gastrectomy or jejunoileal bypass
Weigh less than 90% of their ideal body weight
Cigarette smokers and persons who abuse drugs and/or alcohol
Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15mg of Prednisone per day, or immunosuppressive drug therapy following organ transplantation
Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck or lung

Student/Provider agree decline recommendation to above treatment.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Printed Name: _____

Address (Office Stamp): _____ Phone: _____

_____ Fax: _____