Clinician: Your patient has identified her/himself as being at risk for tuberculosis and is a candidate 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 in the past? (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?

No____ Proceed with TB skin test or IGRA blood test (IGRA especially recommended for patients who received BCG)  

Yes____ Check symptoms present:

☐ Cough (especially if lasting 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 tuberculin testing, chest x-ray, and sputum evaluation as indicated.

2. Do Tuberculosis Test (IGRA or TB skin test):

If patient has had a positive TB skin test in the past, do not repeat but consider IGRA to confirm. After initial chest x-ray following positive TB test, repeat chest x-ray is NOT indicated unless patient develops symptoms of Tuberculosis. Document positive test results below.

• Interferon Gamma Release Assay (IGRA) within 6 months of start of classes. ATTACH LABORATORY REPORT

  Result: Positive____ Order Chest X-Ray and attach radiologist’s report.

  Negative____

  (Indeterminate or borderline results are not accepted – redraw specimen and repeat test.)

• Tuberculin Skin Test (TST) within 6 months of start of classes.

Record 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 _____/_____/______ (Must be received within 6 months of start of classes)  Date Read _____/_____/______ (48-72 hrs. after date given)

Result: _______mm of induration  

Interpretation: Negative ____ Positive____ (confirm positive with IGRA before ordering X-Ray)

TB Test will NOT be accepted unless Physician, NP, or PA signs and office stamps next page. TB test must be read by a health care professional trained to interpret TB skin tests and NOT by the patient.

REFERENCE: TB Skin Test Interpretation Guidelines (Source: U.S. Centers for Disease Control & Prevention, Division of Tuberculosis Elimination, 2011)

5 or more mm is considered positive:

• HIV-infected persons (IMPORTANT TO TEST PATIENT FOR HIV WHEN TB TEST POSITIVE)  
• Recent contacts of persons with infectious TB  
• Persons with fibrotic changes on a chest x-ray  
• Organ transplant recipient and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month)
TUBERCULOSIS (TB) CLINICAL ASSESSMENT (continued)

Name: ___________________________________________ Birth date: _____/______/______

Last                                                                                                  First
M             D               Y

Continued TB Skin Test Interpretation Guidelines:

10 or more mm is considered positive:

- Recent arrival to the U.S. (within last 5 years from areas of the world listed on page 3)
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight
- Persons with NO known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested (per New Jersey Department of Health).

Order Chest x-ray: REQUIRED IF POSITIVE TB TEST    Abnormal____    Normal____

ATTACH RADIOLOGIST’S REPORT

MANAGEMENT OF POSITIVE TB SKIN TEST OR/AND IGRA BLOOD TEST

All patients with a positive TB skin test or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, patients in the following groups are at increased risk of progression from latent TB infection to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV (national recommendations: order an HIV test even if no known risk factors).
- 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 radiograph consistent with prior TB disease.
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg 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
- Have a gastrectomy or jejunoileal bypass.
- Weigh less than 90% of their ideal body weight.
- Cigarette smokers and persons who abuse drugs and/or alcohol.

Reference: 2011 Core Curriculum on Tuberculosis: What the Clinician Should Know, Centers for Disease Control & Prevention

_____ Patient agrees to receive treatment

_____ Patient declines treatment at this time

_____ I did not offer my patient treatment because ________________________________

NOT VALID unless signed and stamped by a Physician, PA or NP.

Print Name & Title: ___________________________________________

Signature: ___________________________________________

Date: __________   Office Telephone: (              ) __________________________

Office Stamp (REQUIRED)