

**STUDENT:** Please complete the online TB screening form in PyraMED first.  
 If you answered YES to any of the questions, please have your healthcare provider complete this form.

**AREA BELOW TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY**

**Student Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Persons with any of the following risk factors 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. Does the student have signs or symptoms of active pulmonary tuberculosis disease?**

If No, proceed to 2 or 3.

**If Yes check below:**

<input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production <input type="checkbox"/> Coughing up blood (hemoptysis) <input type="checkbox"/> Chest pain	<input type="checkbox"/> Loss of appetite <input type="checkbox"/> Unexpected weight loss <input type="checkbox"/> Night sweats <input type="checkbox"/> Fever
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Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing (or IGRA), chest x-ray and sputum evaluation as indicated.

**2. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Results:** \_\_\_\_\_ mm of induration      **\*\*Interpretation:** Positive \_\_\_\_\_ Negative \_\_\_\_\_

**Interpretation Guidelines:**

<p><b>&gt; 5mm is positive:</b></p> <ul style="list-style-type: none"> <li>Recent close contacts of an individuals with infectious TB</li> <li>Persons with fibrotic changes on prior chest x-ray, consistent with past TB disease</li> <li>Organ transplant recipients and other immunosuppressed persons (including receiving <math>\geq 15</math> mg/d of prednisone for <math>\geq 1</math> month)</li> <li>Persons with HIV/ Aids</li> </ul> <p><b>&gt; 10 mm is positive:</b></p> <ul style="list-style-type: none"> <li>Recent arrivals to the U.S. (&lt; 5 years) from high prevalence areas who resided in one for a significant * amount of time</li> </ul> <p><i>*The significance of the travel exposure should be discussed with a health care provider and evaluated</i></p>	<p><b>&gt; 10 mm is positive continued:</b></p> <ul style="list-style-type: none"> <li>Injection drug users</li> <li>Mycobacteriology laboratory personnel</li> <li>Residents, employees or volunteers in high-risk congregate settings</li> <li>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, head, neck or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight</li> </ul> <p><b>&gt; 15 mm is positive:</b></p> <ul style="list-style-type: none"> <li>Persons with no known risk factors for TB, who except for certain testing programs required by law or regulation, would otherwise not be tested</li> </ul>
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**3. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (circle method): QFT-G    QFT-GIT    T-Spot    Other \_\_\_\_\_

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

**4. Chest x-ray (required if TST or IGRA is positive)**

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

**HEALTH CARE PROVIDER:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_