SALISBURY UNIVERSITY STUDENT HEALTH SERVICES

CLINICAL ASSESSMENT OF TUBERCULOSIS BY HEALTH CARE PROVIDER

This form must be completed and signed by a health care provider.

UPLOAD INTO THE SECURE STUDENT HEALTH WEB PORTAL: **myhealth.salisbury.edu**

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801
FAX: 410-548-4101 • EMAIL: studenthealth@salisbury.edu

Name: (Last) _____ (First) _____ (MI) _____

Student Identification Number: _____ Date of Birth: _____

Address: _____

International Student: ☐Yes ☐No Country: _____

Clinical Assessment of Tuberculosis by Health Care Provider

Persons answering YES to any of the questions in the Tuberculosis Screening Questionnaire 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

Previous or current treatment for Tuberculosis (If yes, please provide details _____YES _____NO

_____

_____

History of BCG vaccination? (If yes, consider IGRA.) _____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 tuberculin skin testing, 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: ____/____/____
M / D / Y M / D / Y

Result: _____ mm of induration **Interpretation: Positive____ Negative____

Date Given: ____/____/____ Date Read: ____/____/____
M / D / Y M / D / Y

Result: _____ mm of induration *Interpretation: Positive____ Negative____

* Interpretation guidelines

>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month)
- HIV-infected persons

>10 mm is positive:
- Recent arrivals to the U.S. (<5 years) from high-prevalence areas or who resided in one for a significant** amount of time
- 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

>15 mm is positive:
- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

**Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____/_____/_____ (specify method) QFT-GIT_____ T-Spot_____ Other_____
M / D / Y

Result: Negative___ Positive___ Indeterminate___ Borderline___ (T-Spot only)

Date Obtained: _____/_____/_____ (specify method) QFT-GIT_____ T-Spot_____ Other_____
M / D / Y

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_____
M / D / Y

Management of Positive TST or IGRA

All students with a positive TST 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, 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 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 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

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

Healthcare Provider Name (please print): _____

Healthcare Provider Signature: _____ Date: _____

Provider Address: _____