

Tuberculosis Clinical Documentation *must be completed by Health Care Provider

Students who answered “Yes” to at least one of the questions in the online Tuberculosis (TB) Risk Assessment Form (found at <https://go.carleton.edu/mySHAC>) are required to have either an Interferon Gamma Release Assay (IGRA – ***required for international students upon arrival if unable to obtain in home country***) or a Tuberculin Skin Test (TST/PPD/Mantoux), unless a previous positive test has been documented. Clinicians should review the questions/answers submitted by the student in their online TB Risk Assessment Form (see Attachment A).

***If you are unable to obtain an IGRA prior to arrival to campus, please submit TST results (plus chest xray if positive)*

STUDENT NAME _____ **DATE OF BIRTH** _____

History of a positive TB skin test or IGRA blood test? (If yes, document in #2 or #3 below) **Yes** _____ **No** _____

History of BCG vaccination? (If yes, strongly 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 either #2 (Tuberculin Skin Test) or #3 (Interferon Gamma Release Assay).

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 (also known as TST, PPD or Mantoux)

(Tuberculin Skin Test 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.)**
This test needs to have been performed after March 15th, 2023.

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

STUDENT NAME _____ **DATE OF BIRTH** _____

◊ 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 jejunioileal 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.

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 Tuberculin Skin Test or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

Health Care Provider Signature

Date (M/D/Y)

Provider Email

Provider Telephone

Provider Address/Contact Info

Provider Fax

Please return this completed form to Carleton College - Student Health and Counseling **by July 1, 2023.**

If you had an IGRA or a chest x-ray, please INCLUDE A COPY OF TEST RESULTS along with this form.

- 1) **Preferred Method:** Use the 'Upload' feature at <https://go.carleton.edu/mySHAC> to place the form directly into your chart. *or*
- 2) Scan & email this document to: shac@carleton.edu with the subject line "TB Clinical Documentation for [insert student's name]" *or*
- 3) Fax a copy to: (507) 222-5038 *or*
- 4) Mail hard copy to Student Health and Counseling, Attention: TB Clinical Documentation (use the address listed at the top of this page)

Part I: Tuberculosis (TB) Risk Assessment (must be completed **ONLINE** by incoming students)

Please answer the following questions:

In what countries have you lived? Please provide dates of residency (month/year) for each country listed. _____

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ NoWere you born in one of the countries listed below that has a high incidence of active TB disease? ☐ Yes ☐ No
(If yes, please CIRCLE the country, below)

Afghanistan	Dominican Republic	Maldives	Serbia
Algeria	Ecuador	Mali	Sierra Leone
Angola	El Salvador	Marshall Islands	Singapore
Anguilla	Equatorial Guinea	Mauritania	Solomon Islands
Argentina	Eritrea	Mauritius	Somalia
Armenia	Ethiopia	Mexico	South Africa
Azerbaijan	Fiji	Micronesia (Federated States of)	South Sudan
Bangladesh	Gabon	Mongolia	Sri Lanka
Belarus	Gambia	Montenegro	Sudan
Belize	Georgia	Morocco	Suriname
Benin	Ghana	Mozambique	Swaziland
Bhutan	Greenland	Myanmar	Syrian Arab Republic
Bolivia (Plurinational State of)	Guam	Nicaragua	Taiwan, Province of China
Bosnia and Herzegovina	Honduras	Niger	Tajikistan
Botswana	India	Nigeria	Tanzania (United Republic of)
Brazil	Indonesia	Northern Mariana Islands	Thailand
Brunei Darussalam	Iran	Pakistan	Timor-Leste
Bulgaria	Kazakhstan	Panama	Togo
Burkina Faso	Kenya	Papua New Guinea	Tunisia
Burundi	Kiribati	Paraguay	Turkmenistan
Cabo Verde	Kuwait	Peru	Tuvalu
Cambodia	Kyrgyzstan	Philippines	Uganda
Cameroon	Lao People's Democratic Republic	Portugal	Ukraine
Central African Republic	Latvia	Qatar	Uruguay
Chad	Lesotho	Republic of Korea	Uzbekistan
China	Liberia	Republic of Moldova	Vanuatu
China, Hong Kong SAR	Libya	Romania	Venezuela (Bolivarian Republic of)
China, Macao SAR	Lithuania	Russian Federation	Viet Nam
Colombia	Madagascar	Rwanda	Yemen
Comoros	Malawi	Sao Tome and Principe	Zambia
Congo	Malaysia	Senegal	Zimbabwe
Côte d'Ivoire			
Democratic People's Republic of Korea			
Democratic Republic of the Congo			
Djibouti			

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/gho/data>Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CIRCLE the countries, above and indicate date(s) of travel) ☐ Yes ☐ NoHave you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? ☐ Yes ☐ NoHave you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? ☐ Yes ☐ NoHave you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or those abusing drugs or alcohol? ☐ Yes ☐ No**If the answer is YES to any of the above questions**, Carleton College requires that you receive TB testing as soon as possible (but at least prior to the start of the subsequent semester). You will need to meet with a health care provider to complete the Tuberculosis (TB) Clinical Documentation Form.**If the answer to all of the above questions is NO**, no further testing or further action is required.