

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).

Carleton College prefers an IGRA test when possible. If you are unable to obtain an IGRA prior to arrival to campus, please submit TST results (plus chest xray if positive). All documents should be translated into English

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 15, 2024.

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

STUDENT NAME _____ **DATE OF BIRTH** _____

>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.

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, 2024**.

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

Use the 'Upload' feature at <https://go.carleton.edu/mySHAC> to place the form directly into your chart.