



**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, 2026**.

**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](mailto:shac@carleton.edu) with the subject line "TB Clinical Documentation for [insert student's name]" *or*
- 3) Fax a copy to: (507) 222-5038