



TUBERCULOSIS SCREENING

HEALTH AND WELLNESS CENTER

LAKE FOREST
COLLEGE

Name _____ Date of Birth _____

Have you ever tested positive for Tuberculosis either on a skin test or a blood test?

- Yes No

Did you receive the BCG vaccination for Tuberculosis?

- Yes No

Have you received any live vaccines within the last 4 weeks such as MMR or varicella?

- Yes No

Please check any of the current symptoms that you have.

- Cough (especially lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood Chest pain Loss of appetite
- Unexplained weight loss Night sweats Fever
- None

Your healthcare provider will complete the section(s) below

Either a Tuberculin skin test OR an Interferon Gamma Release Assay is required, not both.

Tuberculin Skin Test (TST)

Administration Information

Date: _____ Time: _____ Administrator Name: _____

Arm: Right Left

Manufacturer _____ Lot # _____ Expiration _____

Test Result (Test should be read 48-72 hours after administration)

Date: _____ Time: _____ Provider Signature: _____

Result: _____ mm of induration Interpretation Positive Negative

Result should be recorded as actual millimeters of induration. Interpretation should be based on mm of induration as well as risk factors. **See interpretation guidelines on the next page.

Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ Method: QFT T-Spot

Result

Positive Negative Indeterminate Borderline (T-Spot only)

Chest X-ray Required ONLY if IGRA or TST is positive. Note: A single PA view is indicated in the absence of symptoms

Date Obtained _____ Result Normal Abnormal

Healthcare Provider Signature _____

Provider Stamp

****Tuberculosis Skin Test Interpretation Guidelines**

>5 mm is positive:	<ul style="list-style-type: none">• 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:	<ul style="list-style-type: none">• Foreign born or travelers to the U.S. 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 <p><i>*The significance of the travel exposure should be discussed with a health care provider and evaluated.</i></p>
>15 mm is positive:	<ul style="list-style-type: none">• Persons with no known risk factors for TB who, except for certain testing programs required