San Diego State University – Student Health Services 5500 Campanile Drive San Diego, CA 92182-4701 Phone 619.594.4325 Fax 619.594.4260

Tuberculosis Clinical Assessment by Healthcare Provider(Student – bring this form with you when you see your healthcare provider)

Student Information: Last Name	First Name	
Student Red ID number:	Date of Birth / /	
Referral to Healthcare Provider: This student has been referred to a licensed healthcare provider because they had a positive TB Risk Assessment. The healthcare provider is asked to: • Rule out active tuberculosis • Perform screening test for latent TB (if there is no history of previous positive test) • Perform CXR for patients with positive screening test for TB and no evidence of active TB • Consider treatment for latent TB		
Does the patient have:		
A history of a positive TB skin test or IGRA blood test? (If yes	, document below) \Box YES \Box NO	
A history of BCG vaccination? (If yes, consider IGRA if possible p	ole) \Box YES \Box NO	
If No, proceed to #2 If yes, check below: Cough (especially if lasting for 3 weeks or longe) Coughing up blood (hemoptysis) Chest pain Loss of appetite Unexplained weight loss Night sweats Fever		
Proceed with additional evaluation to exclude active tuberculos chest x-ray, and sputum evaluation as indicated.	is disease including tuberculin skin testing or IGRA,	
2. Screening test for TB (may use TST or IGRA b	ut IGRA is preferred)	
Interferon Gamma Release Assay (IGRA)		
Date Obtained:/ / (circle method)	QFT-GIT T-Spot Other	
Result: □ negative □ positive □ indeterminate	□ borderline (T-Spot only)	

Tuberculin Skin Test (TST) (TST result should be recorded as actual millimetres (mm) of induration, transverse diameter; if no indur write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**	ation,
Date Given: / / Date Read: / /	
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 receipts and other immunosuppressed persons (including receiving equivalent of >15 mg/d prednisone for > 1 month.) HIV-infected persons 	of
≥ 10 mm is positive: For all others	
3. Chest x-ray: (Required if TST or IGRA is positive)	
Date of chest x-ray:/ Result: normal abnormal	
WRITTEN RADIOLOGY CHEST X-RAY REPORT IN ENGLISH MUST BE SUBMITTED WITH THIS FORM.	,
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 be considered for treatment of latent TB.	r
☐ Treatment for latent TB was not recommended. Reason:	
 □ Treatment for latent TB was recommended. □ Student agrees to receive treatment □ Student declines treatment at this time 	
Healthcare Professional Name & Title Phone Fax	
Date:/	
Signature Healthcare Professional Name	
Student Instructions:	

You may upload the completed form into your secure profile located at www.healtheconnect.sdsu.edu