

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 – *recommended, especially for international students*) 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).

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, 2021.

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

>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

* The significance of the travel exposure should be discussed with and evaluated by a health care provider.

STUDENT NAME _____ **DATE OF BIRTH** _____

- ◊ 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, 2021**.

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

- 1) 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
Attn: TB Clinical Documentation
Carleton College

ATTACHMENT A

One North College Street
Northfield, MN 55057

Note: All students from countries with a high incidence of TB (as well as those students who have a history of BCG vaccination) that have not had an IGRA blood test will be required to attend a TB screening appointment at SHAC (Ground Level, Davis Hall) on Thursday, September 05, 2018. Students who cannot attend MUST make an appointment within two weeks of their arrival at Carleton. During that session, students will discuss their risk factors with one of SHAC's health care providers and will be required to have an IGRA test. At this time the IGRA test is covered by Carleton's Student Injury & Sickness Plan for International students only.

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 No

Were 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 | Mexico | 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 | Monter... | Sudan |
| Belize | Georgia | Morocco | Suriname |
| Benin | Ghana | Mozambique | Swaziland |
| Bhutan | Greenland | Myanmar | Syria (Arab Republic) |
| Bolivia (Plurinational State of) | Guam | Namibia | Taiwan (Province of China) |
| Bosnia and Herzegovina | Guatemala | Nauru | Tajikistan |
| Botswana | Guinea | Nepal | Tanzania (United Republic of) |
| Brazil | Guinea-Bissau | New Caledonia | Thailand |
| Brunei Darussalam | Guyana | Nicaragua | Timor-Leste |
| Bulgaria | Haiti | Niger | Togo |
| Burkina Faso | Honduras | Nigeria | Tunisia |
| Burundi | India | Northern Mariana Islands | Turkmenistan |
| Cabo Verde | Indonesia | Palau | Tuvalu |
| Cameroon | Iraq | Pakistan | Uganda |
| Central African Republic | Kazakhstan | Panama | Ukraine |
| Chad | Kenya | Papua New Guinea | Uruguay |
| China | Kenya | Paraguay | Uzbekistan |
| China, Hong Kong SAR | Kuwait | Peru | Vanuatu |
| China, Macao SAR | Kyrgyzstan | Philippines | Venezuela (Bolivarian Republic of) |
| Colombia | Lao People's Democratic Republic | Portugal | Vietnam |
| Comoros | Latvia | Qatar | Yemen |
| Congo | Lesotho | Republic of Korea | Zambia |
| Côte d'Ivoire | Liberia | Republic of Moldova | Zimbabwe |
| Democratic People's Republic of Korea | Lithuania | Romania | |
| Democratic Republic of the Congo | Madagascar | Russian Federation | |
| Djibouti | Malawi | Rwanda | |
| | Malaysia | Sao Tome and Principe | |
| | | Senegal | |

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/iodata>

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, CHECK the countries, above and indicate date(s) of travel) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased Yes No

* The significance of the travel exposure should be discussed with and evaluated by a health care provider.

STUDENT NAME _____ **DATE OF BIRTH** _____

incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or those abusing drugs or alcohol?

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.