



# Tuberculosis (TB) Screening Form

This form is required for students who answered YES to one or more of the questions on the (TB) Screening Questionnaire on the LCU Patient Portal. Please print a copy of this form and take it to your health care provider or local health department, **no sooner than 6 months** prior to beginning attendance at LCU. This form should be filled out and signed by the health professional, then uploaded to <https://lcu.medicatconnect.com>, the LCU Student Health Office Patient Portal.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Risk Factors:** Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin-test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

Recent close contact with someone with infections TB disease  Yes  No

Foreign-born from (or travel\* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)  
If YES, please indicate region: \_\_\_\_\_  Yes  No

Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease  Yes  No

HIV/AIDS  Yes  No

Organ transplant recipient  Yes  No

immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-alpha antagonist)  Yes  No

History of illicit drug use  Yes  No

Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)  Yes  No

Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus; silicosis; head, neck, or lung cancer; hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia; end stage renal disease; intestinal bypass or gastrectomy; chronic malabsorption syndrome; low body weight (i.e., 10% or more below ideal for the given population)]  Yes  No

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

1. Does the student have signs or symptoms of active tuberculosis disease?  Yes  No  
If NO, proceed to 2 or 3. If YES, 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 (TST)

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". TST interpretation should be based on mm of indurations well as risk factors.\*\*

Date Given: MM / DD / YY Date Read: MM / DD / YY

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_  
over please

## **\*\*TST 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
- Immunosuppressed patients taking >15 mg/d of prednisone for >1 month; taking a TNF-alpha antagonist.
- Persons with HIV/AIDS

### **> 10 mm is positive:**

- Persons born in a high prevalence country or who resided in one for a significant amount of time. (The significance of the exposure should be discussed with a health care provider and evaluated.)
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of being a resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; head, neck or lung cancer; low body weight (>10% below ideal); gastrectomy or intestinal bypass; chronic malabsorption syndromes

### **> 15 mm is positive:**

- Persons with no known risk factors for TB disease

### **3. Interferon Gamma Release Assay (IGRA)**

Date Obtained:     /     /     Specify method:   OFT-G                   OFT-GIT                   T-Spot\_\_                   other  
                  MM    DD    YY

Result: negative\_       positive\_       indeterminate       borderline\_ (T-Spot only)

### **4. Chest x-ray: (Required if TST or IGRA is positive)**

Date of chest x-ray:     /     /     Result: normal                   abnormal  
                  MM    DD    YY

### **5. If any of the above were positive, was treatment:**

not recommended       \_recommended but deferred by patient       \_provided

Please provide details here & attach additional documentation as appropriate:

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Reference - ACHA Guidelines: Tuberculosis Screening and Targeted Testing of College and University Students from [www.acha.org/Topics/tb.cfm](http://www.acha.org/Topics/tb.cfm)

Signature of Health Professional

Printed Name/ Title

Date

**Please upload completed form to:**

<https://lcu.medicatconnect.com> - LCU Student Health Office Patient Portal

NOTE: You are encouraged to retain a copy of this form for your personal files.

If you have any questions regarding the instructions or information within this form, please contact:

LCU Student Health Office - phone: 806.720.7482 • fax: 806.720.7483 • email: [healthforms@LCU.edu](mailto:healthforms@LCU.edu)