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:

- History of a positive TB skin test or IGRA blood test? (If yes, document below) □ Yes □ No
- History of BCG vaccination? (If yes, consider IGRA if possible) □ Yes □ No

1. Does the student have signs or symptoms of active pulmonary tuberculosis disease?
   □ Yes □ No

   If Yes, check below:
   □ Cough (especially if lasting for 3 weeks or longer) □ Loss of appetite
   □ Coughing up blood (hemoptysis) □ Unexpected weight loss
   □ Chest pain □ 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 (TST)
   (TST 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). **
   
   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 ≥ 15 mg/d of prednisone for ≥ 1 month)
   • Persons with HIV/AIDS
   > 10 mm is positive continued:
   • 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, 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-G QFT-GIT T-Spot Other __________
   M      D             Y

   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 _____
   M      D             Y

HEALTH CARE PROVIDER:

Name: ___________________________ Signature: ____________________________
Address: ___________________________ Phone: ( _______ ) ___________________