## WPI Health Services Tuberculosis Screening/Testing/Management

[ame:	Date of Birth:	Cell Phone:		
mail address:	Gender:			
	e information in Part I. Persons answering Y x tuberculin skin test (TST) or Interferon Ga			
History of a positive TB skin test or IG	RA blood test? (If yes, document below)	Yes	No	
•	consider IGRA if possible.)			
1. TB Symptom Check <sup>1</sup>				
• •	toms of active pulmonary tuberculosis dis	ease? Y	es No	
If No, proceed to 2 or 3	-			
If yes, check below:				
<ul> <li>□ Coughing up blood (hemoptysis)</li> <li>□ Chest pain</li> <li>□ Loss of appetite</li> <li>□ Unexplained weight loss</li> <li>□ Night sweats</li> <li>□ Fever</li> </ul>	exclude active tuberculosis disease including		n skin testing, chest	
write "0". The TST interpretation shou	al millimeters (mm) of induration, transversed ld be based on mm of induration as well as a			
Date Given:// Date Given:// Date Given:// Date Given://	ate Read:// M D Y			
Result: mm of induration	**Interpretation: positive negative_			
M D Y	ate Read://_ M D Y			
Result: mm of induration	**Interpretation: positive negative_			
**Interpretation guidelines >5 mm is positive:				
<ul> <li>Recent close contacts of an individual with</li> <li>persons with fibrotic changes on a prior ch</li> </ul>		t of >15 mg/	d of prednisone for >1 month	
<ul> <li>injection drug users</li> <li>mycobacteriology laboratory personnel</li> <li>residents, employees, or volunteers in high</li> <li>persons with medical conditions that increase</li> </ul>	ase the risk of progression to TB disease including sili and lymphomas, cancers of the head, neck, or lung), §	cosis, diabet	es mellitus, chronic renal	

Nai	WPI Health Services Tuberculosis Screening/Testing/Management me: Date of Birth: Cell Phone:				
	ail address: Gender:				
	>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.				
	he significance of the travel exposure should be discussed with a health care provider and evaluated.  [Interferon Gamma Release Assay (IGRA)]				
	Date Obtained:/ (specify method) QFT-GIT T-Spot other				
	Result: negative positive indeterminate borderline (T-Spot only)				
	Date Obtained:/ (specify method) QFT-GIT T-Spot other				
	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				
Pa	art III. Management of Positive TST or IGRA				
rec are	students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a ommendation to be treated for latent TB with appropriate medication. However, students in the following groups at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as ssible.				
	Infected with HIV Recently infected with <i>M. tuberculosis</i> (within the past 2 years) History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following				
	organ transplantation  Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung  Have had a gastrectomy or jejunoileal bypass  Weigh less than 90% of their ideal body weight				
	opulations defined locally as having an increased incidence of disease due to <i>M. tuberculosis</i> , including medically underserved, low-income ulations				
_	Student agrees to receive treatment				
	Student declines treatment at this time				

Date

Health Care Professional Signature