Student Name:		
Student Date of Birth:		
Curry College Tuberculosis (TB) Medical Provider Form		
This form is to be completed by a health care provider.		
This form is only required if TB Screening Form has a "yes" response.		
Providers should review and verify the information in Curry College Tuberculosis Students answering yes to any risk assessment questions are candidates for Tu (Interferon Gamma Release Assay) blood testing is preferred but tuberculin skin acceptable. Testing should occur no earlier than 6 months prior to semester sta TST) should occur unless a previous positive TB test has been documented.	ıberculosis testi n test (TST) is	ng. IGR <i>A</i>
Is there a history of a positive TB skin test or IGRA blood test?	□Yes	□No
Is there a history of BCG vaccination?	□Yes	□No
1.TB symptoms check list:		
Does the student have signs or symptoms of active pulmonary tuberculosis disease	e □Yes	□No
*If no, proceed to 2 or 3.		
If yes, check symptoms below:		
\square Cough, with or without sputum, especially if lasting for over 3 weeks.		
☐ Coughing up blood		
□Chest pain		
□ Loss of appetite		
☐ Unexplained weight loss		
□ Night sweats		
□Fever		
Proceed with additional evaluation to exclude active TB disease including chest x-ra	ay and sputum ev	aluation

as indicated.

Student Name:			
Student Date of Birth:			
2. Testing			
Interferon Gamma Release	Assay IGRA (also called	QuantiFERON Gold and T-Sp	ot)
Test Date:			
Result: Negative:	Positive:	Indeterminate:	
Lab results must be attac	hed/uploaded		
OR			
Tuberculin Skin Test (TST			
Date Placed:	Date Read:	(48-72 hours after placement)	
Result:	mm of induration*	Interpretation: Positive	Negative
 -Recent close contact of an indivi -persons with fibrotic lung change -organ transplant recipients and in 	es on prior chest x-ray consister	nt with past TB disease ncluding persons taking prednisone	>15 mg day for over one m
-HIV positive individuals			
Equal to or greater than 10mm is	s positive:		
-Foreign born or travelers to the U	.S. from high prevalence areas	or who resided in one for a significan	t amount of time
-Injection drug users			
-Mycobacteriology laboratory per	sonnel		
-Residents, employees, or volunte	eers in high-risk congregate set	tings	
	· -	ssion to TB disease including silicos s and weight loss of at least 10% belo	
Equal to or greater than 15 mm i	s positive:		
-Persons with no known risk facto	rs for TR who except for certain	n testing programs required by law or	regulations would other

Student Name:
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3. Chest x-ray
If positive IGRA or TST, a chest x-ray is required
Date of chest x-ray: Result of chest Xray: Normal Abnormal
Describe abnormal results and treatment plan:
Please attach/upload a copy of X-ray report (no films or discs)
4. Consideration for Treatment of LTBI
In deciding whether to recommend treatment of LTBI to patients, the provider should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy.
Students in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soon as possible.
HIV infection □
Recently infected with M. Tuberculosis (within the past two years) \Box
History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest
x-ray consistent with prior TB disease \square
Receiving immunosuppressive therapy such as tumor necrosis factor–alpha (TNF) antagonists, systemic corticosteroid equivalent to or greater than 15 mg of prednisone per day, or immunosuppressive therapy following organ transplant \Box
Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, cancer of head, neck or lung \Box
Have had a gastrectomy or jejunoileal bypass \square
Weigh less than 90% of their ideal body weight \Box
Cigarette and e- cigarette smokers in persons who abuse drugs and/or alcohol \Box
Health Care Provider Name:
Address:
Phone Number:
Date Form Completed:
Signature of Provider:

Once completed: This form needs to be uploaded to Curry College Health Portal