## Washington and Lee University Lindley Health Tuberculosis (TB) Clinical Assessment by Health Care Provider

Last Name	First Name	MI	MI Date of B		Class year		
		ny of the questions of ositive test has been			maire are candi	dates for either	
History of a positive TB skin test or IGRA blood test? (If yes, document bel History of BCG vaccination? (If yes, further evaluation with IGRA is preferred					Yes_ Yes	No No	
Thistory of BCG vac	cemation: (if yes	, further evaluation wit	iii toka is piet	area to 151)	105_	110	
Symptoms of active 7 night sweats, fever. I	ΓB disease may inc If <b>Yes, proceed wi</b>	or symptoms of act lude cough (>3 weeks) th additional evaluati ed). If No, proceed to	), hemoptysis, c on for active tu	hest pain, loss of a Iberculosis (inclu	ppetite, unexplaind ding tuberculin sl	kin testing, chest x-	
3. Tuberculin Skir	n Test (TST)	*The TST interpret	ation is based on	mm of induration as	well as risk factors-	–see below.	
#1 Date Given:///		Manufacturer/Lot #Expiration Date			Date Read:// 		
Result: mn	n of induration	*Interpre	etation: positive	negativ	e		
#2 Date Given: M	<u>/</u>	Manufacturer/Lot Expiration Date_	:#		Date Read://		
Result: mn	n of induration	*Interpre	etation: positive	negativ	e		
<ul> <li>Fibrotic changes on a prior chest x-ray c/w past TB</li> <li>Organ transplant recipients</li> <li>Immunosuppressed persons: taking &gt; 15 mg/d of prednisone for &gt; 1 month; taking a TNF-α antagonist</li> <li>HIV-infected persons</li> <li>&gt;10 mm is positive:</li> <li>Recent arrivals to the U.S. (&lt;5 years) from high prevalence areas or who resided in one for a significant amount of time</li> <li>Injection drug users</li> </ul>			<ul> <li>Persons with medical conditions that increase risk of progression to TB disease, such as: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (&gt;10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes</li> <li>&gt;15 mm is positive:</li> <li>Persons with no known risk factors for TB disease</li> </ul>				
4. Interferon Gam	ma Release Assa	ıy (IGRA) – preferi	red if there is	a history of BC	G vaccination		
#1 Date Obtained:		(specify method)		•			
Result: Negative		Indeterminate	Borderline	_ (T-Spot only)			
#2 Date Obtained: _	//	(specify method)	T-Spot	QFT-GIT	other		
Result: Negative	Positive	Indeterminate	Borderline	_ (T-Spot only)			
<b>5. Chest x-ray: Re</b> absence of symptor		IGRA is positive—	-attach copy	of results A sing	le PA view is ind	licated in the	
Date of chest x-ray://///		Result: n	Result: normal				
Healthcare Provider Signature		(Printed name)		_	Date	-	

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