



STUDENT HEALTH FORMS

Suffield Academy Health Center 185 North Main Street Suffield, Connecticut 06078
Phone: 860-386-4503 | Fax: 860-386-4544 | healthcenter@suffieldacademy.org

STUDENT INFORMATION

FIRST NAME _____

LAST NAME _____

DOB _____

MEDICAL EVALUATION FOR LATENT TUBERCULOSIS INFECTION

Required for all international students. For domestic students, must be completed by Healthcare provider if any yes answers on parent's questionnaire.
Please note: if a patient has had a positive tuberculin skin test in the past, do not repeat the test. Go to section B below.

A. Tuberculin Testing [Mantoux / Intermediate PPD or Interferon Gamma Release Assay [IGRA]

1. **Mantoux** Please note: Mantoux test must be read by a healthcare provider 48-72 hours after administration.

If no Induration, mark "O". Results of multiple puncture tests, such as Tine or Mono - Vac are NOT accepted.

Date administered ____/____/____ **Date test redone** ____/____/____ **Result** ____ mm of induration

Interpretation Of Tuberculin Skin Test Please use table below and check response Negative Positive

Risk Factor	Positive result	
Close contact with a case of TB	5 mm or more	
Born in a country with a high rate of TB	10 mm or more	
Traveled/ lived for 1+ months in a country with high TB rates		10 mm or more
No risk factors (test not recommended)	15 mm or more	

OR

2. Interferon Gamma release Assay [IGRA]

Method used QFT-G Tspot

Date obtained ____/____/____

Result [please check appropriate response] Negative Positive Intermediate Borderline

B. Positive skin test or positive IGRA requires a chest x-ray [Mantoux / intermediate PPD or IGRA tests]

1. **Date of Positive test** ____/____/____ **Testing method** Mantoux IGRA **Chest X-Ray** Normal Abnormal

Please attach a copy of the report [no discs or films]

Describe _____

2. **Clinical Evaluation** Normal Abnormal

Describe _____

3. **Treatment** Yes No **Meds, Dose, Frequency, Dates:** _____

MD/NP/PA SIGNATURE _____ **DATE** _____