



STUDENT NAME [FIRST & LAST]

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] within the last 12 months]

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

If no Induration, mark "0". 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. Interform 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 _____