



TB Testing Form

Please read these instructions before filling out the TB Testing Form

TB Testing is **REQUIRED** if screening questionnaire identifies elevated risk such as:

1. Born in or traveled for more than one month to countries with high rate of TB infection
2. Responded "Yes" to question about other risks of exposure on the online screening form

Section 1

There are two types of TB testing:

- A. ***TB SKIN TESTING:*** Only testing done within the US or Canada will be accepted and MUST be done within 12 months of semester start. All areas of the form must be reported including date planted, date read and number of mm of induration
- B. ***INTERFERON GAMMA RELEASE ASSAY:*** This blood test may be accepted if the full laboratory report and results are received and written or translated in English. MUST be done within 12 months of semester start.

If positive skin test or IGRA, chest x-ray is required

Section 2

Chest X-ray: **ONLY TESTING COMPLETED IN THE US AND CANADA ACCEPTED.**

MUST be done within 12 months of semester start. Complete x-ray report must be submitted.

Section 3

Treatment: **REQUIRED** for active Tuberculosis, recommended for Latent Tuberculosis Infections
Please attach treatment schedule and medications.

Students who need testing after arrival at MHC will be scheduled for testing at the Health Services within the first few days on campus. All testing will be covered for students who are enrolled in the Student Health Insurance Plan. Students who have other health insurance will have the charges placed on their student bill.



TB Testing Form

STUDENT NAME _____

DATE OF BIRTH _____

Section 1(A): TB Testing

ONLY TESTING COMPLETED IN THE US OR CANADA ACCEPTED

Testing **MUST** have been completed within 12 months of semesters start

TUBERCULIN SKIN TEST: Use 5 TU Mantoux (Intermediate PPD) ONLY

Date PPD planted: ____/____/____ Date PPD read: ____/____/____ Result of PPD: _____ mm of induration in horizontal diameter
Mo Day Year Mo Day Year

Risk based interpretation ☐ Positive ☐ Negative

RISK FACTOR	POSITIVE RESULT
Close contact with a case of Tuberculosis	5mm or more
<u>Born in or traveled for more than one month</u> in a country that has a high rate of Tuberculosis	10 mm or more
None	15 mm or more

Section 1(B): TB Testing

Testing **MUST** have been completed within 12 months of semesters start

Interferon Gamma Release Assay: T spot TB or Quantiferon Gold

If Positive skin or IGRA, complete Section 2

*** Lab Results must be Attached***

Section 2: Chest X-ray

ONLY TESTING COMPLETED IN THE US OR CANADA ACCEPTED

Testing **MUST** have been completed within 12 months of semesters start

Chest X-ray (Required) ____/____/____ ☐ Normal ☐ Abnormal
Mo Day Year

PLEASE ATTACH X-RAY REPORT

Section 3: Treatment

REQUIRED for active Tuberculosis, recommended for latent Tuberculosis infections

Treatment ☐ No ☐ Yes Date Treatment Started: _____

Drug: _____ Dose _____ Frequency: _____

****Please attach treatment schedule with date and medications****

Reviewed By: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

CLINICIAN SIGNATURE OR STAMP REQUIRED