CLINICAL ASSESSMENT FORM FOR
LATENT TUBERCULOSIS INFECTION SCREENING

Name: __________________________________________________________________________________

StudentID#________________________Date: ________________________________

History of a positive TB skin test or IGRA blood test?  Yes _____ No ____
(If yes, explain)_________________________________________________________

History of BCG vaccination?  Yes _____ No ____
(If yes, consider IGRA if possible.)

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes _____ No _____  If No, proceed to 2 or 3

If yes, check below:
- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

TST must be read 48-72 hours after it is placed. Result should be recorded as actual millimeters (mm) of induration, transverse diameter. If no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.** See Interpretation Guidelines on page 3

Step 1. Date Given: ____/____/____  Date Read: ____/____/____

Result: ________ mm of induration  **Interpretation: positive____ negative____

Step 2. (If indicated) Date Given: ____/____/____  Date Read: ____/____/____

Result: ________ mm of induration  **Interpretation: positive____ negative____
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ___/___/____ (specify method) QFT-GIT T-Spot
other______ M D Y
Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ___/___/____ Result: normal____ abnormal____
M D Y

Please attach a copy of the report.

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA without evidence of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol
- Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

_________________________________                ________________
Name of Health Care Professional/Signature                                         Date

Return completed form to:
New Jersey Institute of Technology
Student Health Services
323 Dr. Martin Luther King Boulevard
Newark NJ 07102
Phone: 973-596-3621
Fax: 973-596-5517
**TST INTERPRETATION GUIDELINES**

>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:
- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:
- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

1 CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-