OZARKS TECHNICAL COMMUNITY COLLEGE

TB CLINICAL ASSESSMENT

REQUIRED IF YOU ANSWERED "YES" TO ANY TB QUESTION ON THE APPLICATION

(*Must be completed by a Healthcare Professional in the United States*)

Student Name:_____ **Student ID or SSN:**_____

1. **Does the patient have a history of a positive TB skin test or IGRA blood test? □ YES □ NO (If YES, please document below.)**

2. **Does the patient have a history of BCG vaccination? □ YES □ NO (If YES, administer an IGRA bloodtest.)**

3. **TB Symptoms Check:**

Does the patient have signs or symptoms of active pulmonary tuberculosis disease? □ **YES** □ **NO** (If NO, proceed to 4 or 5; If YES, check as applicable 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
□ Other: _____

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

4. **Mantoux Tuberculin Skin Test (TST). TST results should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0." The TST interpretation[1] should be based on mm of induration as well as risk factors.)**

Date Given:_____/____/_____ Date Read:____/___/___

Result:_____mm of induration Interpretation: positive____negative____

Date Given:_____/____/_____ Date Read:____/___/___

Result:_____mm of induration Interpretation: positive____negative____

5. **Interferon Gamma Release Assay (IGRA)**

Date Obtained:___/___/___ (specify method) QFT-GIT T-Spot Other _____
Result: Negative _____ Positive ____ Indeterminate ___ Borderline____(T-Spot Only)

Date Obtained:_____/___/___ (specify method) QFT-GIT T-Spot Other _____

Result: Negative _____ Positive ____ Indeterminate ___ Borderline____(T-Spot Only)

[1] Interpretations should be based on the Interpretation Guidelines provided on the following page.

6. **Chest X-Ray (Required if TST or IGRA is Positive)**
   Date of X-Ray:___/__/____ Result: Normal ____ Abnormal ____

Any person with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. Persons in the following groups are at an increased risk of progression from latent TB to TB disease and should be prioritized to begin treatment as soon as is possible:

- Infected with HIV
- Infected within the past two years with *M. tuberculosis*
- 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 15mg 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, orlung
- Had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of ideal body weight
- Cigarette smokers and person who abuse drugs and/or alcohol
- Member of a population defined locally as having an increased incidence of disease due to *M. tuberculosis*,including the medically underserved and low-income

___Patient agrees to receive treatment ____Patient declines treatment

_____ _____
Signature of Healthcare Professional **Date**

Due to answering yes to at least one of the Tuberculosis questions on the admissions application, OTC requires that you provide documentation of a PPD tuberculin test or IGRA with the past 12 months, completed in the USA, prior to enrolling in a subsequent semester. Failure to provide this documentation will prevent you from registering for subsequent semesters.

PLEASE RETURN COMPLETED CLINICAL ASSESSMENT TO:
Mail: Admission Office, 1001 East Chestnut Expressway, Springfield, MO 65802
In-Person: Student Services at any OTC campus/location
Electronic: tb@otc.edu

TST Interpretation Guidelines

> **5 mm is positive if:**
- Recent close contact of an individual with infectious TB;
- Fibrotic changes on a prior chest x-ray, consistent with past TB disease;
- Organ transplant recipient or otherwise immunosuppressed (including receiving equivalent of >15mg/d ofprednisone for > 1 month); or
- HIV infection.

> **10 mm is positive if:**
- Recent arrival to the U.S. (< 5 years) from a high prevalence area or residence for a significant amount of timein a high prevalence area (see answers to questionnaire);
- Injected drug user;
- Employment as mycobacteriology laboratory personnel;
- Resident, employee, or volunteer in a high-risk congregate setting;
- Medical condition that increases the risk of progression to TB diseases including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas cancer 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 if:
- No known risk factors for TB and only tested because required by law or regulation.