Tuberculosis (TB) Evaluation & Testing

Due Dates: Incoming Fall & Summer Students – July 15th, Incoming Spring Students – December 15th

Last Name	First Name	M.I	Student ID#	Date of Birth: M / D / Y
Desai	Deep	M	916277688	09/27/96

Healthcare Provider: If you or your patient has indicated that he/she is at risk for tuberculosis. Please complete the following:

1. Does the student have signs or symptoms of active tuberculosis disease?

   No ✓ Proceed to #2
   Yes ___ Proceed with additional evaluation to exclude active tuberculosis disease including tuberculosis testing, chest x-ray, and sputum evaluation as indicated.

2. Has the student had a POSITIVE TB Test in the past?

   No ✓ Proceed to #3
   Yes, the student had a Positive TB Test on: ___/___/___ Proceed to #4.
   M D Y

3. Administer TB skin test (PPD). *Only acceptable if tested within last 12 months. Date place, read, and result in mm must be included. If history of BCG, consider IGRA blood test.*

   Date Administered: 2/7/18
   M D Y

   Date Read (must be read within 48-72 hours after test was administered): 2/9/18 Result: 0 mm
   M D Y

   Negative ✓ Sign bottom and office stamp.
   Positive or ≥10mm ___ Proceed to #4. ***Chest x-ray required regardless of IGRA blood test results.***

   OR

   Order IGRA blood test. (T-Spot or Quantiferon) *Only acceptable if tested within last 12 months.*

   Negative ___ Sign bottom and office stamp. **ATTACH LAB REPORT**
   Positive ___ Proceed to #4. **ATTACH LAB REPORT**

4. Chest x-ray: Required if TB Test **or** IGRA is positive.

   Date of chest x-ray ___/___/___ **ATTACH RADIOLOGIST'S REPORT** Result: Normal ___ Abnormal ___
   M D Y

5. Treatment: (TREATMENT OF TB REQUIRED FOR ACTIVE TB / TREATMENT OF LATENT TB RECOMMENDED FOR POSITIVE TB TEST)

Medication	Length of Treatment
Date Started	Date Completed

Not valid unless signed and stamped by a Physician, PA or NP.

Print Name & Title: JESSICA ADAMSON APN

Signature: [signature]

Date: 2/9/18 Office Telephone: 609 465 0258

Office Stamp:

Complete Care Health Network
3700 New Jersey Ave
Wildwood, NJ 08260