University of New Hampshire Health & Wellness

Tuberculosis Testing and Treatment

To be completed by Health Care Provider if ANY of the TB Screening Questionnaire questions are positive.

1. Does this student have signs or symptoms of active tuberculosis disease? ___YES ___NO
   (If the answer is YES, please proceed with additional evaluation to exclude active TB disease and provide UNH Health Services with further detailed information documenting absence of disease or adequate treatment.)

2. Interferon Gamma Release Assay (IGRA) (preferred alternative to TST testing, esp. in international students)
   Date Obtained: _____/_____/_____   Specify method: ___QFT-G    ___QFT-GIT    ___Other
   M D Y   M D Y
   Result: ___Negative   ___Positive   ___Intermediate

   Date Obtained: _____/_____/_____   Specify method: ___QFT-G    ___QFT-GIT    ___Other
   M D Y   M D Y
   Result: ___Negative   ___Positive   ___Intermediate

3. Tuberculin Skin Test: *Must do if student has never had a positive test in the past.
   (TST result should be recorded as actual millimeters of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors. **)
   Date Given: _____/_____/_____   Date Read: _____/_____/_____
   M D Y   M D Y
   Result: _______mm of induration   **Interpretation: ___Positive   ___Negative

   Date Given: _____/_____/_____   Date Read: _____/_____/_____
   M D Y   M D Y
   Result: _______mm of induration   **Interpretation: ___Positive   ___Negative

4. Chest X-Ray (Required if TST or IGRA is or has ever been positive or if any signs or symptoms of active disease. Your health care provider can decide if a previous chest x-ray result is adequate or if a new one is needed.)
   Date of chest x-ray ____________  Result: ___Normal   ___Abnormal
   If abnormal, provide details___________________________________________________________

5. Treatment Information:
   a) Treated for latent TB infection (LTBI): Dates:________________ with ____________________  
      (Medication and dose)

   b) Treated for active TB infection: Dates:________________________
      Proof of cure___________________________________________________________

   Clinician Signature: __________________________ Date: ________________

**Interpretation Guidelines are listed on the reverse side of this page.
**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
- Immunosuppressed persons: taking >15 mg/d of prednisone for >1 month; taking a TNF –α antagonist
- Persons with HIV/AIDS

>10 mm is positive:
- Persons born in a high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

15mm is positive: Persons with no known risk factors for TB disease