

**TUBERCULOSIS SCREENING**

Name \_\_\_\_\_ GT ID# \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED TO HEALTH SERVICES BEFORE REGISTERING FOR CLASSES.**

Georgia Institute of Technology guidelines for tuberculosis screening are based on the recommendations of the U.S. Centers for Disease Control and Prevention, the American Thoracic Society, and the American College Health Association.

**Screening must be completed within one year before the first day of class.**

1. Does the student have signs or symptoms of active tuberculosis?  Yes  No
- If No, proceed to question 2.
  - If Yes, proceed with additional evaluation to exclude active tuberculosis, including Mantoux skin test, chest x-ray, sputum evaluation, and medication as indicated.

2. Is the student a member of a high-risk group \*\* (see below)?  Yes  No
- If No, stop. No further evaluation is needed at this time.
  - If Yes, and the student has not had a previous positive tuberculin skin test, proceed to 3 and place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of the forearm. A history of BCG vaccination should not preclude testing of a member of a high-risk group). If the student has a history of a positive tuberculin skin test, do not administer another Mantoux test, proceed to 4.

3. **Tuberculin Skin Test:**  
**The test must be performed in the United States.**

Date placed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date read \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (must be within 48 - 72 hours)

Result \_\_\_\_\_ (Record actual mm of induration, transverse diameter. If no induration, record as "0 mm.")

Interpretation: (based on mm of induration as well as risk factors)  POSITIVE  NEGATIVE

4. **Chest X-Ray:** (Required if PPD skin test is positive or student has a history of previous positive tuberculin skin test.)

Date of chest x-ray \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result:  NORMAL  ABNORMAL - Abnormal must include copy of the chest x-ray report in English and signed by a physician.

**Must be completed within one year before the first day of class.**

Treatment:

- Type of treatment with anti-tubercular drugs: \_\_\_\_\_
- Length of treatment \_\_\_\_\_
- Treatment declined

**Verification of the above Tuberculosis Screening by Healthcare Provider (This line MUST be signed.)**

Verified by \_\_\_\_\_ ( ) \_\_\_\_\_  
PRINT NAME/TITLE ADDRESS PHONE

Signature \_\_\_\_\_

\*\* Categories of high-risk students include those who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low, rather than high, TB prevalence; therefore, students should undergo TB screening EXCEPT those from the following countries: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection; those who inject drugs; those who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastroectomy and jejunioleal bypass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for one month), or other immunosuppressive disorders.

**International students:** If your local physician cannot verify tuberculosis screening as described above, this form must be completed by a physician in the United States. See [www.health.gatech.edu](http://www.health.gatech.edu) for more information.

**GEORGIA TECH STUDENT HEALTH SERVICES**

PHONE: 404.894.1432 or 404.894.0587 FAX: 404.385.0329, 404.894.0626, or 404.894.7480

WEB: [www.health.gatech.edu](http://www.health.gatech.edu)

Revised 2/04

**FORM B**