

SALISBURY UNIVERSITY STUDENT HEALTH SERVICES  
**CLINICAL ASSESSMENT OF TUBERCULOSIS BY HEALTH CARE PROVIDER**

This form must be completed and signed by a health care provider.

UPLOAD INTO THE SECURE STUDENT HEALTH WEB PORTAL: [myhealth.salisbury.edu](http://myhealth.salisbury.edu)

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, MD 21801

FAX: 410-548-4101 • EMAIL: [studenthealth@salisbury.edu](mailto:studenthealth@salisbury.edu)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

International Student:  Yes  No Country: \_\_\_\_\_

### Clinical Assessment of Tuberculosis by Health Care Provider

Persons answering YES to any of the questions in the Tuberculosis Screening Questionnaire are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) \_\_\_\_\_ YES \_\_\_\_\_ NO

Previous or current treatment for Tuberculosis (If yes, please provide details \_\_\_\_\_ YES \_\_\_\_\_ NO

History of BCG vaccination? (If yes, consider IGRA.) \_\_\_\_\_ YES \_\_\_\_\_ NO

#### 1. TB SYMPTOM CHECK:

Does the student have signs or symptoms of active pulmonary tuberculosis disease? \_\_\_\_\_ YES

If No, proceed to 2 or 3

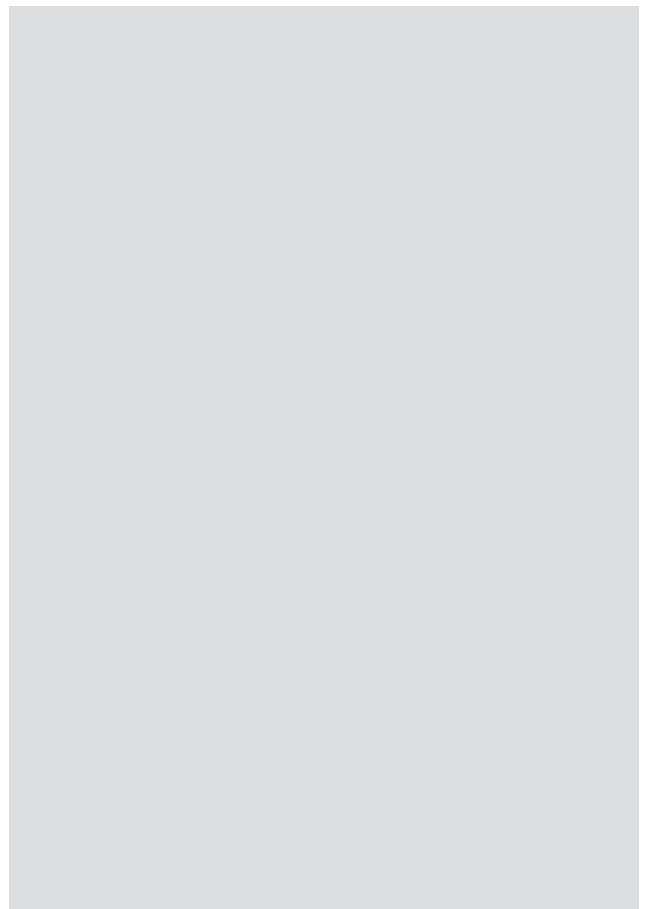
If yes, check below:

- 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 result should be recorded as actual millimeters (mm) of induration,



### 3. Interferon Gamma Release Assay (IGRA)