

Student name: _____ Birth date: _____

Last
First
Middle
Month
Day
Year

Tuberculosis Assessment by a Healthcare Provider

This form is required if the student has answered YES to one or more questions on the Tuberculosis (TB) Screening Questionnaire in their health portal. This form should be completed by a physician, NP or PA and uploaded to the student portal.

1. Has the student had BCG vaccination? Yes No Unknown
2. Has the student had a **POSITIVE** TB test in the past? Yes No
 If YES, what test was positive: Interferon-Gamma Release Assay (IGRA) TB skin test – Result in mm: _____
 Date of Positive Test: ____/____/____

M
D
Y
- Chest X-Ray Date: ____/____/____ (Copy of Radiologist’s report in ENGLISH must be attached) Result: Normal Abnormal

M
D
Y
- Diagnosis: ACTIVE Tuberculosis: Yes No LATENT Tuberculosis: Yes No
 Treatment: _____ Completed successfully on ____/____/____

M
D
Y

3. **TB Symptom Check:** Does the student have signs or symptoms of active pulmonary tuberculosis disease?
 No: Proceed to #4
 Yes: Check symptoms below and proceed with additional evaluation to exclude active tuberculosis disease including tuberculin testing, chest x-ray, and sputum evaluation as indicated.
 - Cough (especially if lasting 3 weeks or longer) with or without sputum production
 - Coughing up blood (hemoptysis)
 - Chest pain
 - Loss of appetite
 - Unexplained weight loss
 - Night sweats
 - Fever
4. **TB Test:** If no history of a Positive TB test, perform one of the following tests no sooner than 6 months before the start of school:
 • Preferred Method: Interferon Gamma Release Assay (IGRA): ____/____/____ Neg Pos Lab report must be provided.

M
D
Y

OR
 • TB Skin Test placed: ____/____/____ TB Skin Test read: ____/____/____ Result in mm: _____ Interpret: Neg Pos

M
D
Y
M
D
Y

5. **CHEST X-RAY:** Required if TB test is positive. Copy of radiologist’s report of findings must be provided.
 Date: ____/____/____ Interpretation: Normal Abnormal

M
D
Y
 Diagnosis: ACTIVE Tuberculosis? Yes No LATENT Tuberculosis: Yes No Other: _____

6. **Management of Positive TB test:**
 Students with a positive TB test with no signs of active disease should be considered for treatment for latent TB with appropriate medication. Latent Tuberculosis Infection Resources & Treatment Guidelines for Providers are available at <https://www.cdc.gov/tb/publications/lbti/lbiresources.htm>.

- Student agrees to receive treatment Student declines treatment

Form not valid unless signed by a physician, PA, or NP AND stamped:

HEALTH CARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NJ STATE LAW				
Name/title (print)		Telephone		Stamp:
Address		Fax		
Signature:		Date:		

