

Student Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Form

# ST. PAUL'S SCHOOL



## CLARK HOUSE 2017-18 TUBERCULOSIS MEDICAL EVALUATION TO BE COMPLETED BY A HEALTH CARE PROVIDER

**TO PROVIDER: Please complete the following form. This evaluation must be completed before June 15, 2017.**

Student's name \_\_\_\_\_ Gender \_\_\_\_\_

Has the student had BCG?  Yes  No

### SECTION A

Student is required to have a Mantoux/PPD skin test within 3 months of arriving at St. Paul's School.

Date PPD planted (m/d/year) \_\_\_\_\_ Date PPD read, within 48-72 hours (m/d/year) \_\_\_\_\_

Results (mm) \_\_\_\_\_ Interpretation  Positive  Negative

If the PPD reading is negative, no further action is needed; if positive, continue to Section B.

### SECTION B

Student must have a serum interferon gamma release assay (IGRA) drawn within 3 months of arriving at St. Paul's School. This may be a Tspot or Quantiferon test.

Date blood drawn (m/d/year) \_\_\_\_\_  Quantiferon  Tspot / RESULTS  Positive  Negative  Intermediate

If result is negative, no further action is needed; if result is positive or intermediate, continue to Section C.

### SECTION C

Student must have a chest x-ray within 3 months of arriving at St. Paul's School. A chest x-ray without a serum test will not be accepted.

Date of chest x-ray (m/d/year) \_\_\_\_\_ Please attach a copy of the x-ray report.

RESULTS  Read as negative/normal. Treatment for latent TB must be considered.

Read as positive/abnormal. Treatment for active TB must be documented below:

Drug(s) \_\_\_\_\_ Dose(s) \_\_\_\_\_

Dates of treatment \_\_\_\_\_ Duration of treatment \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Provider name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Provider address \_\_\_\_\_