



CLARK HOUSE 2020-21 TUBERCULOSIS MEDICAL EVALUATION TO BE COMPLETED BY HEALTH CARE PROVIDER (NON-FAMILY MEMBER)

TO PROVIDER: Please complete the following form. This evaluation must be completed before June 15, 2020.

ATTENTION: If the student has been home or travelling to one of the areas listed below for more than 30 consecutive days over the summer, you must mark YES to the question below. A PPD is required before arriving to the School in the fall.

Angola	Cambodia	DR Congo	Kazakhstan	Moldova	Pakistan	Somalia	Uganda
Azerbaijan	Cameroon	Ethiopia	Kenya	Mozambique	Papua New Guinea	South Africa	Ukraine
Bangladesh	Central African Republic	Ghana	Kyrgyzstan	Myanmar	Peru	Swaziland	Uzbekistan
Belarus	Chad	Guinea-Bissau	Lesotho	Namibia	Philippines	Tajikistan	Vietnam
Botswana	China	India	Liberia	Nigeria	Russian Federation	Tanzania	Zambia
Brazil	Congo	Indonesia	Malawi	North Korea	Sierra Leone	Thailand	Zimbabwe

Does the student reside in one of the countries listed above?
 OR Has the student ever travelled for more than 30 consecutive days to one of the countries listed above?
 OR Has the student ever had close contact with anyone who was sick with TB?
 Yes (If yes, continue with remaining sections) No (If no, sign below and form is complete)

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 _____