



Student Health Forms

Suffield Academy Health Center 185 North Main Street Suffield, Connecticut 06078
Phone: 860-386-4503 | Fax: 860-386-4544 | healthcenter@suffieldacademy.org

Student Information

FIRST NAME

LAST NAME

DOB

MEDICAL EVALUATION FOR LATENT TUBERCULOSIS INFECTION

Required for all international students. For domestic students, must be completed by Healthcare provider if any yes answers on parent's questionnaire. Please note: if a patient has had a positive tuberculin skin test in the past, do not repeat the test. Go to section B below.

A. Tuberculin Testing [Mantoux / Intermediate PPD or Interferon Gamma Release Assay [IGRA]

1. Mantoux Please note: Mantoux test must be read by a healthcare provider 48-72 hours after administration.

If no Induration, mark "O". Results of multiple puncture tests, such as Tine or Mono - Vac are NOT accepted.

Date administered ___/___/___ Date test redone ___/___/___ Result ___ mm of induration

Interpretation Of Tuberculin Skin Test Please use table below and check response [] Negative [] Positive

Table with 3 columns: Risk Factor, Positive result, and an empty column for response. Rows include: Close contact with a case of TB (5 mm or more), Born in a country with a high rate of TB (10 mm or more), Traveled/ lived for 1+ months in a country with high TB rates (10 mm or more), No risk factors (test not recommended) (15 mm or more).

OR

2. Interform Gamma release Assay [IGRA]

Method used [] QFT- G [] Tspot Date obtained ___/___/___

Result [please check appropriate response] [] Negative [] Positive [] Intermediate [] Borderline

B. Positive skin test or positive IGRA requires a chest x-ray [Mantoux / intermediate PPD or IGRA tests]

1. Date of Positive test ___/___/___ Testing method [] Mantoux [] IGRA [] Chest X-Ray [] Normal [] Abnormal

Please attach a copy of the report [no discs or films]

Describe _____

2. Clinical Evaluation [] Normal [] Abnormal

Describe _____

3. Treatment [] Yes [] No Meds, Dose, Frequency, Dates: _____

MD/NP/PA Signature _____ Date _____