

Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimetres (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ____ / ____ / ____
M D Y

Date Read: ____ / ____ / ____
M D Y

Result: _____ mm of induration **Interpretation: positive negative

**** Interpretation guidelines****≥ 5 mm is positive:**

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant receipts and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for > 1 month.)
- HIV-infected persons

≥ 10 mm is positive: For all others

3. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____ / ____ / ____ Result: normal ____ abnormal ____

WRITTEN RADIOLOGY CHEST X-RAY REPORT IN ENGLISH MUST BE SUBMITTED WITH THIS FORM.

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should be considered for treatment of latent TB.

- Treatment for latent TB was not recommended. Reason: _____
- Treatment for latent TB was recommended.
 - Student agrees to receive treatment
 - Student declines treatment at this time

Healthcare Professional Name & Title

Phone

Fax

Signature Healthcare Professional Name

Date: ____ / ____ / ____

Student Instructions:

You may upload the completed form into your secure profile located at www.healthconnect.sdsu.edu

To manage your health and wellness online please logon to www.healthconnect.sdsu.edu

For more information call **619-594-4325** or visit <http://www.shs.sdsu.edu/>