

Statement of Tuberculosis Clearance
International Students (New and Transfer) and New HB 1403 Students
Texas Woman's University Student Health Services
Voice: 940.898.3825 Fax: 940.898.3849

Name: _____ TWU Student ID#: _____ Date: _____

Birth Country: _____ Other countries lived in: _____

This form must be completed and signed by a licensed Physician or a Health Official in order to be valid. Please return the completed form to the Immunizations Coordinator at Student Health Services.

Per TWU Board of Regents Policy 6.01 Student Tuberculosis Screening and Case Management*, in accordance with the Center for Disease Control and Prevention (CDC) and American College Health Association (ACHA):

- ❖ All new and transfer international students, and new HB 1401B students are required to be screened in the United States for tuberculosis (TB) with an IGRA blood test prior to the first day of class at Texas Woman's University. Class registration is not permitted until the process is complete.
- ❖ Students who have received BCG are not exempt from the tuberculosis screening process.
- ❖ A student with a history of a positive Tuberculin Skin Test (TST) with antibiotics taken in response to the test results is requested to provide medical records documenting the positive TST and antibiotics given.
- ❖ All students with a new positive IGRA, a history of a positive IGRA**, a borderline or indeterminate IGRA, a positive TST with antibiotic treatment, must have a chest x-ray done in the United States and within one year prior to the first day of class. A written medical interpretation of the chest x-ray is required. It is not required to present the chest x-ray films to Texas Woman's University; however, if submitted, x-ray films without a written medical interpretation from a licensed radiologist will not be accepted.
- ❖ Submitting a chest x-ray without documentation of TST or IGRA testing is not permitted.
- ❖ All pertinent test results (TST, IGRA, chest x-ray) must be received for a student to be compliant.

HISTORY OF A POSITIVE TUBERCULOSIS SKIN TEST (TST)

If there is a history of a positive tuberculosis skin test, please proceed as follows:

- () **Positive TST; no antibiotics taken; proceed to IGRA Blood Test**
- () **Positive TST; antibiotics begun taken for one month or less; proceed to IGRA Blood Test**
- () **Positive TST; antibiotics taken for more than one month but not completed; proceed to Chest X-Ray**
The individual should give serious consideration to completing antibiotics if no medication allergy
Please provide copies of medical records.
- () **Positive TST; antibiotics completed; proceed to Chest X-Ray.** Please provide copies of medical records.

IGRA BLOOD TEST

Date of testing: _____

Please provide a copy of the test results.

IGRA results:

- () **Negative; no chest x-ray is required; proceed to Diagnosis**
 - () **Positive; chest x-ray is required; proceed to Chest X-Ray Findings**
 - () **Borderline/Indeterminate; chest x-ray is required; proceed to Chest X-Ray Findings**
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*<http://www.twu.edu/regents/p-student-tuberculosis-screening-and-case-management.asp>

**IGRA: Interferon Gamma (IFN- γ) Release Assay

Statement of Tuberculosis Clearance - International and HB 1403 Students

Name: _____ TWU Student ID#: _____ Date: _____

CHEST X-RAY FINDINGS

Chest X-Ray is required if student is IGRA positive (currently or in the past), IGRA is indeterminate or borderline, or history of positive TST with antibiotic usage greater than one month.

Date of chest x-ray: _____

Date is required in order for form to be valid. (Must be current; less than 365 +/- 5 days from the date of the first day of class)

Check the one that applies:

- No evidence of active disease
 X-Ray consistent with active tuberculosis
 Abnormal X-ray, not due to TB

DIAGNOSIS

- No evidence of active tuberculosis at this time
 IGRA or TST testing is positive but chest x-ray is negative (*please review History of a Positive TST on side 1*)
 Tuberculosis disease is present but not contagious
 Has contagious tuberculosis and may not return to school or work. The individual must receive treatment from a pulmonologist, infectious disease expert, and /or the Health Dept. A new chest clearance form will be required after the patient is no longer infectious.

PREVENTIVE THERAPY

The IGRA is negative:

- Preventive medication not indicated

The IGRA is positive or there is a history of positive TST with antibiotics started but not completed:

- Preventive therapy recommended; please note where the individual will be treated:

Preventive therapy not recommended for the following reasons: _____

Currently receiving preventive therapy: start date: _____ Projected completion date: _____
Please provide medical records

Completed preventive therapy: _____ Date completed: _____
Please provide medical records

This form must be completed and signed by a Licensed Physician or a Health Official in order to be valid.

Physician/Clinic Name: _____

Address: _____

Phone# (____) _____

Licensed Physician / Health Official Printed Name

Date

Licensed Physician / Health Official Signature