

**Statement of Tuberculosis Clearance**  
**Texas Woman's University Student Health Services**  
Voice: 940.898.3825 Fax: 940.898.3849

Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_

Date: \_\_\_\_\_  
MR#: \_\_\_\_\_

**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.**

Please see the TWU Board of Regents Policy 6.01 Student Tuberculosis Screening and Case Management\* for more information on the University's requirements for TB screening. Please note:

- ❖ *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) is requested to provide medical records documenting the positive TST and any medications taken as a result.*
- ❖ *Students with a history of a positive TST and who have not taken antibiotics for this are required to have an IGRA\*\* blood test. If the IGRA is negative, the student is considered to have a negative test for tuberculosis and the positive TST is considered to be a false positive; all subsequent TB screening should be with an IGRA, not a TST.*
- ❖ *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 within one year prior to the initial 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. Students are not required to have a chest x-ray in subsequent screenings unless they exhibit signs or symptoms consistent with a pulmonary illness as determined during their yearly screening appointment.*
- ❖ *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.*

**TUBERCULOSIS SKIN TEST (TST) *The Mantoux test is the only acceptable skin test***

Date applied: \_\_\_\_\_

Date read: \_\_\_\_\_ (must read 48-72 hours after placement)

**Check reaction and record measurement:**

- Negative reaction** \_\_\_\_\_ mm, *no chest x-ray required; proceed to Diagnosis*
- Positive reaction** \_\_\_\_\_ mm, *an IGRA is required; proceed to IGRA Blood Test*

**If there is a history of a positive TST; retesting by TST should not be done. Please provide medical records for any of the following:**

- A full course of preventive antibiotics were taken; proceed to Chest X-Ray Findings**
- Preventive antibiotics were taken for one month or less; proceed to IGRA Blood Test**
- Preventive antibiotics were taken 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
- Preventive antibiotics were not taken; proceed to IGRA Blood Test**

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**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- $\gamma$ ) Release Assay

## Statement of Tuberculosis Clearance

Name: \_\_\_\_\_ TWU Student ID#: \_\_\_\_\_ MR# \_\_\_\_\_ Date: \_\_\_\_\_

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### 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

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### 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 Department. A new chest clearance form will be required after the individual is not longer infectious.

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### PREVENTIVE THERAPY

The IGRA or TST is negative:

- Preventive medication not indicated

The IGRA is positive or there is a history of positive TST with antibiotics started by 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*

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*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