

Tuberculosis Clearance Statement

Texas Woman's University Student Health Services

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Name: _____ TWU ID#: _____ Date of Birth: _____

TWU students with positive Tuberculosis (TB) Blood (IGRA*) Tests and those who have taken antibiotics for TB infection (latent or active) are required to have a US licensed physician or other medical provider complete this TB Clearance Statement.

Yearly chest x-ray is NEVER required for students needing periodic TB screening. After submitting initial chest x-ray, each year student will see a US licensed physician or other medical provider to complete an annual Tuberculosis Clearance Statement. A new chest x-ray is only required if a student has symptoms consistent with active TB.

Note: students with positive TB Skin Test are required to follow up with a TB Blood Test. If this result is negative, the student is considered to be negative for TB; chest x-ray and this form are NOT required.

TB SYMPTOM REVIEW

Does the student have any of the following signs or symptoms of active TB? No Yes

- Prolonged cough
- Coughing up blood / hemoptysis
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

If yes, student requires additional medical evaluation and appropriate infectious disease precautions before they may attend activities on the TWU campus.

TB SKIN TEST RESULTS (Mantoux), if placed

Date applied: _____ Date read: _____ Result: _____ mm induration

IGRA* TEST RESULTS (T-Spot or Quantiferon)

Date of testing: _____

IGRA results:

- Positive: chest x-ray required
- Borderline / Indeterminate: student has option to have second IGRA by alternate method to see if definitive result can be obtained; otherwise chest x-ray required to meet compliance deadlines

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

CHEST X-RAY RESULTS

Date of Chest x-ray: _____

Chest x-ray Results:

- No evidence of active tuberculosis
- Consistent with, or suspicious of, active tuberculosis.

DIAGNOSIS

Please check ONE of the following:

- No evidence of active tuberculosis
- Evidence of active tuberculosis. Individual may not return to TWU until medically cleared by pulmonologist, infectious disease expert or Health Department.

TREATMENT

All students with positive TB test results are encouraged to take antibiotics to treat active TB or to prevent latent TB infection from becoming active tuberculosis. Please check ONE of the following:

- Completed antibiotic therapy for latent or active tuberculosis on this date _____. Please provide medical records documenting antibiotics taken, with dose and duration of treatment
- Currently receiving treatment for active tuberculosis infection and is no longer infectious to others. Date of expected antibiotic completion _____. Please provide medication records documenting treatment.
- Currently receiving preventive therapy for latent tuberculosis: start date _____, projected end date _____
- Preventive therapy recommended; please note where individual will be treated:

- Preventive therapy not recommended for the following reasons:

Licensed Physician / Health Official Printed Name _____

Address: _____ **Phone:** _____

Licensed Physician / Health Official Signature _____

Date of form completion: _____