

Medical Screening for Latent Tuberculosis Infection (LTBI)
Brandeis University Tuberculosis Screening Report

Tuberculosis Screening Test to be completed by a Medical Provider only with identified positive screening risks.

Student's Name: _____ **Date of Birth:** _____

A. Interferon Gamma Release Assay (IGRA) is preferred for those with a history of BCG vaccination. A Copy of the Lab Report is REQUIRED and must be uploaded to the [secure patient portal](#)

Date obtained: ___/___/___

Specify Method: Quantiferon gold-Plus T-Spot other _____

Result: Negative Positive Indeterminate Borderline (T-Spot only)

OR

B. TUBERCULIN SKIN TEST (Mantoux)

Test must be read by a health care provider 48 – 72 hours after administration. If no induration, indicate "0mm". Results of multiple puncture tests, such as Tine or Mono-Vac are NOT accepted.

Date administered: ___/___/___ Lot: _____ Exp date: _____

Date test read: ___/___/___ Result: ___ mm of induration

If Tuberculin Screening Test is POSITIVE, now, or by history, then the following are REQUIRED:

1. Date of positive PPD or IGRA: ___/___/___ (A copy of the lab report is required).
2. Chest X-ray: **Copy of X-ray Report** (not the film or picture) **REQUIRED and must be uploaded.**

Date of X-ray: ___/___/___

Normal Abnormal (Describe) _____

3. Clinical Evaluation:

Normal Abnormal (Describe) _____

4. Treatment started:

Started: No Yes

If Yes: Drug: _____ Dose: _____ Date started: _____

Completed: No Yes Date: _____

Treatment can be completed through Brandeis University Health Center.

HEALTHCARE PROVIDER SIGNATURE (REQUIRED): _____

Date: _____ Tel: _____ Fax: _____