# POSITIVE TB TEST CHECKLIST

Name: __________________________________________________________________________________

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<th>Last</th>
<th>First</th>
<th>FDU Student ID#</th>
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Date of Birth: ____/____/______ Phone: (             ) __________________________

1. **A. Positive Mantoux Test**

   Date Implanted: _______________ Date Read: _______________

   Size of Reaction: _______ (millimeters of induration)

2. **B. QuantiFERON TB Gold or T-spot Test:** Result____________________

   (MUST ATTACH LAB REPORT)

3. **Symptom Assessment for Pulmonary Tuberculosis (Check all TB-like symptoms that apply):**

   - □ Productive Cough of Undiagnosed Cause (more than 3 weeks in duration)
   - □ Fever
   - □ Coughing Up Blood (hemoptysis)
   - □ Chills
   - □ Unexplained Weight Loss (10 pounds or greater without dieting)
   - □ Chest Pain
   - □ Night Sweats (regardless of room temperature)
   - □ Very Easily Tired (fatigability)
   - □ Unexplained Loss of Appetite

   □ No TB-Like Symptoms Reported or Observed

4. **Chest X-Ray (Please attach radiologist's report of chest x-ray)**

   Date: ______________________

   Result: __________________________________________________________________________________

5. **Chemoprophylaxis**

   Discussed on Date: ______________________

   Treatment recommended (Circle One): YES or NO

   If yes, record chemoprophylaxis treatment given:

   Name of Drug(s): __________________________________________________________________________

   Dosage: __________________________________________________________________________________

   Date Initiated ___________ Duration___________ Date Completed___________

6. **BCG:** Yes □ (date received_________________) No □

Signature of Medical Provider: __________________________________________ Date: ________________

Print Name: __________________________________________________ Phone Number: ______________________

Address: _____________________________________________________________

________________________________________________________________________