



## Louisiana R.S. 17:170/Schools of Higher Learning

Applicant Email: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Mail: P.O. Box 131 3939 Gentilly Blvd, New Orleans, La 70126

Parent/Legal Guardian Signature (if applicant under 18) \_\_\_\_\_ Date: \_\_\_\_\_



## Tuberculosis Targeted Testing

Louisiana R.S. 17:170/Schools of Higher Learning

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Section

### One: Section One: Questionnaire

Please answer the following questions:	Yes	No
1. Have you traveled in the past 5 years or lived more than 6 weeks in Africa, East Europe, Asia, Middle East, or South/Central America?		
2. Do you have a personal history of cancer, leukemia, kidney disease, diabetes, alcoholism, or intravenous drug use? (Family history does not apply)		
3. Have you been a resident, employee, or volunteer in a prison, nursing home, homeless shelter, hospital, or long-term treatment facility?		
4. Have you ever been vaccinated with BCG Tuberculosis vaccination?		
5. Do you have AIDS/HIV or take medications that suppress the immune system such as prednisone?		
6. Have you ever had close contact with persons known or suspected to have active TB disease?		
7. Have you ever tested positive for TB?		

If the answer to all of the above questions is NO, sign below and return this document to the Doctor of Education office.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ If the answer is YES

to any of the above questions, NOBTS requires results of TB testing within the past year.

A healthcare provider should complete section two of this form below.

### Section Two: Test Results

**Step 1: Tuberculin Skin Test--Positive if  $\geq 10$ mm for questions 1, 2, 3, or 4 or  $\geq 5$ mm for questions 5 or 6.**

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_mm of induration Interpretation: Positive\_\_\_\_ Negative \_\_\_\_

**Step 2: A QFT or T-SPOT is required if PPD is positive. A Chest X-Ray will not be accepted in its place.** (Please provide a copy of results.)

Date obtained: \_\_\_\_\_ Circle Method Given: QFT T-SPOT Result: Positive \_\_\_\_ Negative: \_\_\_\_

**Step 3: Students with a positive QFT or T-SPOT should receive a Chest X-Ray.**

Date of X-Ray: \_\_\_\_\_ Result: Normal \_\_\_\_ Abnormal: \_\_\_\_

**Step 4: Students with a positive QFT or T-SPOT with no signs of active disease on chest X-Ray are recommended to be treated for Latent TB with appropriate medication.**

Name of medication for treatment: \_\_\_\_\_

Date initiated and duration of treatment: \_\_\_\_\_

Please provide a copy of completion of treatment.

\_\_\_\_\_ Student has been treated or agrees to receive treatment.

\_\_\_\_\_ Student declines treatment at this time and agrees to routine checkups to monitor progression of Latent TB.

Name of Health Care Provider (Print): \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_