

TB Clearance Process Requirements for Students/Staff who are Newly Positive Tuberculosis (TB) Test

Definition: Newly positive is a term applied to those persons who has a positive TB serum blood test or a positive TB skin test.

Steps Required for TB Clearance

Once it has been determined that the person is newly positive, the following steps are required in order to document and provide TB clearance before the person can be cleared to return to class/work/clinical:

REQUIRED

1. **Immediate referral** to a licensed healthcare provider for health evaluation.
2. **AP/Lat Chest x-ray (CXR)** to aid in the exclusion of pulmonary TB (submit copy of the chest x-ray radiology report).
3. **Completion of a TB Symptoms Health Screening Checklist** (attached)
4. **TB Skin Test New Converter Clearance Form** (attached) completed and signed by student and healthcare provider.

RECOMMENDED

1. **If positive PPD skin test, a serum IGRA test may be considered, in addition to the CXR.**

Upon completion, all of the above documents must be given to the Student-Employee Health Office (SEHO). The SEHO will then notify the College/Manager that the person is cleared to return to class/usual job duties.

Notification of Removal from Job/Class/Clinical

A person with a newly positive TB test shall be removed from their assignment(s) until they have been seen, evaluated and cleared by a licensed healthcare provider. The person will be advised on what they must do in order to be allowed to return.

Removal: The College/Manager shall be notified by the SEHO of this requirement for removal by telephone or in person *only* (*no email communication is permitted*). Discussion may be required on determining when the person has to be removed, e.g., student has exam in the next day or two. In order to protect the health of our campus community, the person should be immediately relieved of all assignments.

- Every effort will be made to expedite the health clearance process so that the person can return to their assignment as quickly and safely as possible.

Return: Once the person is cleared to return, the SEHO will notify, by phone or in person only, the College/Manager of the clearance to return.



TB Symptoms Health Screening Checklist
This form only applies to those required to have a chest x-ray or have had an IGRA (Quantiferon) test.

College: COMP-CA COMP-OR Dental MSMS MSBS Nursing Optometry PT PA Pharm Podiatry Vet Med

Student/Employee ID # @ _____

Grad. Year: 20 _____

Name	DOB	Sex: Male Female
Address		Phone:
City/State/Zip		

Date of last PPD _____ PPD Results _____ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: _____ Results): Negative Positive

Date of Last Chest X-Ray: _____ Results: Positive for TB Negative for TB

1. Have you ever been told you have active tuberculosis? Yes No

2. Have you ever taken Isoniazid (INH) or Rifampin (RIF)? Yes No

3. Date and duration of medication regime _____ (months)

4. Have you ever had BCG Vaccination? Yes No If yes, when? _____
(If you have had the BCG vaccination, it is preferred that you obtain an IGRA [e.g., Quantiferon or T-spot test])

5. During the past year have you noticed (circle your answer):

- Yes No Unexplained weight loss?
- Yes No Decrease in your appetite?
- Yes No Cough not associated with cold or flu?
- Yes No Increase in AMOUNT of Sputum?
- Yes No Change in COLOR of Sputum?
- Yes No Change in CONSISTENCY of Sputum?
- Yes No Blood Streaked Sputum?
- Yes No Night sweats?
- Yes No Unexplained low grade fever?
- Yes No Unusual tiredness or fatigue?
- Yes No Swelling of lymph nodes?
- Yes No Have you had contact with a family member or partner who has been diagnosed with tuberculosis?
- Yes No Have you or a member of your family been exposed to someone who is immune compromised?

Explain any "Yes" answers above: _____

List any on-going medical problem _____

Signature of Person Completing this form **Date**

Plan of care, if indicated: _____

Signature of Reviewer: _____ Date _____

_____ No further action needed _____ Chest X-Ray Requested _____ Further Evaluation Needed

Must be reviewed by licensed healthcare provider if any "yes" answers