

# Middlebury College Health Services Tuberculosis (TB) Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ College ID# \_\_\_\_\_  
Last First

This form is required of all students who:

- Indicated on their health form that they have had potential exposure to TB through contact with high-risk people, environments, or situations.
- Were born in or have traveled to high-risk countries (according to CDC guidelines).

Instructions for Healthcare Provider:

1. TB Skin Test (TST) **OR** Interferon-Gamma Release Assay (IGRA) is required.
  - a. A history of BCG vaccination does not preclude testing.
  - b. Unlike TST, IGRA is not influenced by prior BCG vaccination.
2. If TST or IGRA is positive, Chest X-Ray is required.

TST: Date Placed: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration

**OR**

IGRA: Date: \_\_\_\_\_ Result:  Negative  Positive  
 Indeterminate  Borderline (T-Spot only)

Chest X-Ray Results (if positive TST or IGRA):

Date of X-Ray: \_\_\_\_\_ Result:  Negative  Positive

Signature of Healthcare Provider \_\_\_\_\_ Date: \_\_\_\_\_

Name of Healthcare Provider (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_