THE LEADER IN GLOBAL EDUCATION

FAIRLEIGH DICKINSON UNIVERSITY

POSITIVE TB TEST CHECKLIST

Name: _____
Last First FDU Student ID#

Date of Birth: ____/____/____ Phone: ( ) _____
Month Day Year

1. A. Positive Mantoux Test

   Date Implanted: _____ Date Read: _____

   Size of Reaction: _____ (millimeters of Induration)

   B. QuantiFERON TB Gold or T-spot Test: Result_____ (MUST ATTACH LAB REPORT)

2. 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*

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

   Date: _____

   Result: _____

4. 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_____

5. BCG: Yes ☐ (date received_____) No ☐

Signature of Medical Provider: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____

_____