



PRESBYTERIAN COLLEGE  
SCHOOL of PHARMACY

### TB Clinical Assessment by Healthcare Provider

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ Last 4 SSN \_\_\_\_\_

#### 1. Patient History:

- History of a positive TB skin test?  Yes  No
- History of BCG vaccination?  Yes  No *(If yes, please consider IGRA instead of TST or CXR)*

#### 2. TB Symptom Check:

- Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes  No
- If yes, indicate signs and symptoms below:
 

<input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production	<input type="checkbox"/> Unexplained weight loss
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Increased fatigue
<input type="checkbox"/> Coughing up blood (hemoptysis)	<input type="checkbox"/> Night sweats
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Fever
<input type="checkbox"/> Loss of appetite	

#### 3. Method of Testing:

##### a. Mantoux Tuberculin Skin Test (TST)

TST result should be recorded as millimeters of induration, transverse diameter; if no induration, write "0."

1<sup>st</sup>-step PPD/Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration

Interpretation:  Positive  Negative

2<sup>nd</sup>-step PPD/Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration

Interpretation:  Positive  Negative

*Please note that IAW CDC guidelines, the 2<sup>nd</sup> PPD should be administered at least 1-3 weeks after the 1<sup>st</sup>.  
We cannot accept a 2<sup>nd</sup> step placed within 1 week of the 1<sup>st</sup> step.*

##### b. Interferon Gamma Release Assay (IGRA)

IGRA should be considered for students with history of BCG vaccination instead of TST or CXR; if appropriate, it is required before matriculation and annually thereafter while in school. We accept the QuantiFERON-TB Gold test

Date Obtained: \_\_\_\_\_ Method:  QFT-GIT

Result:  Positive  Negative  Indeterminate

*Please provide a copy of the laboratory report.*

##### c. Chest X-Ray

A chest x-ray is required before matriculation for students with a positive TB skin test or IGRA blood test and annually thereafter while in school. *(Please note an annual CXR is still required by some of our clinical sites; thus, we too must require it.)*

Date of chest x-ray: \_\_\_\_\_ Result:  Normal  Abnormal

*Please provide a copy of the radiology report.*

#### 4. Treatment:

Recommendation for follow-up:  None  Repeat annually  Treatment for latent TB infection

Other recommendation: \_\_\_\_\_

#### 5. Certification by Healthcare Professional:

Name \_\_\_\_\_ Title/Credentials \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*This form—along with a copy of any testing performed (CXR, labwork, etc.)—must be sent to the PCSP  
Office of Experiential Education, 307 North Broad Street, Clinton, SC 29325 by July 15, 2026.*