Western University
OF HEALTH SCIENCES

100 W Second Street, Room 219
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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 Convertor 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.

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TB Skin Test New Convertor Clearance Form

I, _____ have been told that I have been diagnosed with latent tuberculosis infection. My TB skin test was positive at ____mm and/or I had a positive IGRA (e.g., quantiferon or T-Spot) test on ___/___/___.

____ I understand I must be seen and evaluated by a healthcare provider in order to obtain clearance to return to work/class/clinical.

____ I will provide WesternU's Student-Employee Health Office with documentation from my healthcare provider regarding my TB clearance **within 14 calendar days.**

_____	_____	_____	___/___/20 __
Printed Name	Signature	ID#	Date

HEALTHCARE PROVIDER

My signature below indicates that I have reviewed the TB Health Screening Checklist, chest x-rays, and have discussed treatment options.

I have seen, evaluated, and determined that above named person does not have active pulmonary tuberculosis disease and is:

_____ Clear to return to normal activities.

_____ Not clear to return to normal activities.

Comments:

_____	_____	___/___/___
Printed Name of Healthcare Provider	Healthcare Provider Signature	Date

(A name/address stamp is also acceptable)

TB Symptoms Screening Checklist

College: COMP Dental MSMS Nursing Optometry PT PA Pharmacy Podiatry Vet Med
Oregon: COMP OT PT
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

Est. 7-22-10; Rev 4-7-11; 8-12-11; 9-7-11; 6-18-15; 7-20-16; 4-13-18; 1-25-19; 10-1-22