Program: 2019-2020 Academic Year
From: Health Services
Re: Health Records: Physical Exam (To be completed by health provider)

TO THE EXAMINIER: Please review the student's history and complete the following Physical Examination form. Please comment on all positive findings and be sure all information is complete.

Last name | First name | Middle | (Chosen Name) | Birth Date | Age

Blood Pressure | Pulse | Weight | Height | Visual Acuity OD 20/ OS 20/ | Corrective Lenses:

Health Care Provider's Exam and Recommendations

Required for all students whether or not participating in athletics

	NORMAL	ABNORMAL	COMMENTS
Skin			
Eyes, Head, Ears, Nose, Throat			
Neck, Thyroid			
Lungs			
Heart			
Abdomen			
Genitals			
Hernia			
Extremities/Joint			
Neurological			
Mental Status			

Athletic participation:

☐ Full participation allowed ☐ None allowed ☐ Limited participation ☐ Clearance withheld until:

Explain:

Signature of licensed medical provider | Date

Printed Name | Provider Address (# Street/Apt) | City | State | Zip | Phone

Tuberculosis (TB) Screening/Testing

Please answer the following:	YES	NO
• Have you ever had a positive TB skin test?		
• Have you ever had close contact with anyone who was sick with TB?		
• Were you born in one of the countries listed below and arrived in the U.S. within the last 5 years? (If yes, please circle country below.)		
• Have you ever traveled to/in on or more of the countries listed below? (If yes, please circle country/ies below.)		
• Have you ever been vaccinated with BCG?		

*The significance of travel exposure should be discussed with a health care provider and evaluated.

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational …State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Cape Verde
Central African Republic
Chad
China
Columbia
Comoros
Congo
Cook Islands
Cote d'Ivoire
Croatia
Democratic People's ……Republic of Korea
Democratic Republic ……of the Congo Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
French Polynesia
Gabon
Gambia
Georgia
Ghana
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iraq
Japan
Kazakhstan
Kenya
Kiribati Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libyan Arab Jamahiriya
Lithuania
Madagascar
Malawi
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Micronesia …(Federated States of)
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Palau
Panama
Papua New Guinea
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Vincent & the ……Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Thailand
The former Yugoslav ……of Macedonia
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of ……Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian ……Republic of)
Viet Nam
Zambia
Zimbabwe

If the answer is YES to any of the above questions, Landmark College requires that a health care provider complete a tuberculosis risk assessment.

If the answer to all of the above questions is NO, no further screening is required and page 3 of this form may be omitted.

Signature of licensed medical provider Date

Printed Name Provider Address (# Street/Apt) City State Zip Phone

Tuberculosis (TB) Risk Assessment

Person with any of the following are candidates for Mantoux tuberculin skin test (TST) unless a previous positive test has been documented:

	YES	NO
• Recent close contact with someone with infectious TB disease		
• Foreign-born from (or travel* to/in) high prevalence area (see previous page)		
• Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease		
• HIV/AIDS		
• Organ transplant recipient		
• Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)		
• Resident, employee, or volunteer in high-risk congregate setting (e.g. correctional facility, nursing home, homeless shelter, hospital & other high risk health care facilities)		
• Medical condition associated with increased risk of progressing to TB disease infected [e.g. diabetes, mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such at Hodgkin's disease or leukemia, end state renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight, (i.e. 10% or more below ideal for the given population)]		

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

1. **Does the student have signs or symptoms or active tuberculosis disease?** ☐ YES ☐ NO
   If NO, proceed to question #2. If YES, proceed with additional evaluation to exclude active tuberculosis including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. **Tuberculin Skin Test (TST)** - *TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on m of induration as well as risk factors*.

   ☐ Positive ☐ Negative

   Date given (mm/dd/yyyy) Date read (mm/dd/yyyy) Result (mm of induration) Interpretation

3. **Interferon Gamma Release Assay (e.g. QuantiFERON-TB or T-SPOT, TB).** A history of BCG vaccination should NOT preclude tuberculin skin testing of students. However, testing with an IGRA may be preferable in students with a history of BCG vaccination or persons who are unable or unlikely to return for TST reading.

4. **Chest x-ray -** *Required if TST is positive*

   ☐ Abnormal ☐ Normal

   Date of chest x-ray (mm/dd/yyyy) Result

Interpretation Guidelines

Induration of 5 mm is considered positive in:

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Organ transplant recipients Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)
- Persons with HIV/AIDS

Induration of 10 mm is considered positive in:

- Person born in high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use
- Mycobactciology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: - silicosis - diabetes mellitus - chronic renal failure - leukemias and lymphomas - carcinoma of the head, neck, or lung - weight loss of 10% of ideal body weight - gastrectomy - intestinal bypass – chronic malabsorption syndromes
- Children 5 years of age Infants, children, and adolescents exposed to adults at high risk for developing active TB

Induration of 15 mm is considered positive in:

- Persons with no known risk factors for TB

Health Care Provider Name MD/NP/PAA date (mm/dd/yyyy)

Signature Phone #