



TO THE EXAMINER: 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	OD 20/ Visual Acuity	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	Columbia	India	Myanmar	Sri Lanka
Algeria	Comoros	Indonesia	Nepal	Sudan
Angola	Congo	Iraq	Nicaragua	Suriname
Argentina	Cook Islands	Japan	Niger	Swaziland
Armenia	Cote d'Ivoire	Kazakhstan	Nigeria	Syrian Arab Republic
Azerbaijan	Croatia	Kenya	Pakistan	Tajikistan
Bahrain	Democratic People's	Kiribati Kyrgyzstan	Palau	Thailand
Bangladesh	.....Republic of Korea	Lao People's Democratic	Panama	The former Yugoslav
Belarus	Democratic Republic	Republic	Papua New Guinea	.....of Macedonia
Belize	.....of the Congo Djibouti	Latvia	Philippines	Timor-Leste
Benin	Dominican Republic	Lesotho	Poland	Togo
Bhutan	Ecuador	Liberia	Portugal	Tonga
Bolivia (Plurinational	El Salvador	Libyan	Qatar	Trinidad and Tobago
...State of)	Equatorial Guinea	Arab	Republic of Korea	Tunisia
Bosnia and Herzegovina	Eritrea	Jamahiriya	Republic of Moldova	Turkey
Botswana	Estonia	Lithuania	Romania	Turkmenistan
Brazil	Ethiopia	Madagascar	Russian Federation	Tuvalu
Brunei	French Polynesia	Malawi	Rwanda	Uganda
Darussalam	Gabon	Maldives	Saint Vincent & the	Ukraine
Bulgaria	Gambia	Mali	.....Grenadines	United Republic of
Burkina	Georgia	Marshall Islands	Sao Tome and Principe	.....Tanzania
Faso	Ghana	Mauritania	Senegal	Uruguay
Burundi	Guam	Mauritius	Serbia	Uzbekistan
Cambodia	Guatemala	Micronesia ...(Federated	Seychelles	Vanuatu
Cameroon	Guinea	States of)	Sierra Leone	Venezuela (Bolivarian
Cape Verde	Guinea-Bissau	Mongolia	Singapore	.....Republic of)
Central African Republic	Guyana	Montenegro	Solomon Islands	Viet Nam
Chad	Haiti	Morocco	Somalia	Zambia
China	Honduras	Mozambique	South Africa	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 as 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
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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
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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 #