

VACCINE AND TB SKIN TEST INFORMATION

Please click on the appropriate link below to obtain vaccine and TB skin test information for the Health Science programs. Questions? Call the appropriate program director/coordinator or Dean of Health Sciences at 702-651-5742.

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Schedule: Vaccination and TB Skin Test Clinics

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COLLEGE OF SOUTHERN NEVADA

VACCINATION POLICY

QUESTIONS

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Dean of the Engelstad School of Health Sciences.

PROGRAMS AFFECTED

A student enrolled in any of the following health sciences programs is a *potential candidate for this policy or portions of this policy*, depending on the particular course of study: Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Emergency Medical Technician, Health Information Technology, Medical Coding, Medical Laboratory Assistant, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Office Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Occupational Therapy Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Paramedic Medicine, Patient Registration, Pharmacy Technician, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy Technology, Surgical Technologist, Veterinary Technology.

***** PROGRAM REQUIREMENTS VARY *****

Consult with your Program Director and/or advisor for specific program requirements and requirement deadlines.

IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR HIS/HER SPECIFIC PROGRAM OF STUDY.

Vaccine	Required Dosage 4 weeks = 1 month	Alternative
Hepatitis A <i>(Check with program to determine if needed)</i>	2 doses <i>minimum 6 months apart</i>	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Hepatitis B	3 doses #1 #2 - <i>minimum 4 weeks after #1</i> #3 - <i>minimum 8 weeks after #2</i> (#3 must be separated from #1 by at least 16 weeks)	Written <i>documentation*</i> of 3 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Measles, Mumps, Rubella (MMR)	2 doses <i>(minimum 4 weeks apart)</i>	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.

-Policy continued next page-

Vaccine	Required Dosage 4 weeks = 1 month	Alternative
Chicken Pox (Varicella)	2 doses (minimum 4 weeks apart)	Written <i>documentation*</i> of 2 doses of the vaccine, a written documented history of the disease based on diagnosis or verification of the disease by a healthcare provider or laboratory blood testing affirming serologic evidence of immunity.
Tetanus/Diphtheria/ Pertussis (Tdap)	1 dose (within last 10 years)	Written, <i>documented*</i> receipt of one dose of vaccine within last 10 years
<i>As of Jan 2011, Td no longer accepted.</i>	<i>Currently enrolled students are exempt from this Jan 2011 rule.</i>	
Rabies (Veterinary Technology students only)	3 doses (admin on day 0, 7 exactly, #3 on 28 th day)	Written <i>documentation*</i> of 3 doses of the vaccine.

*** Documentation requires health records that show specific dates of the disease based on medical diagnosis or specific dates when the vaccine was administered. Health records may be in the form of *original* vaccination records (or copies of the original records) or the required information may be provided by the *original treating physician* on an official letterhead, prescription form or the like with signature of the original treating physician.
‘School records’ or family testimonials are not acceptable.**

EXEMPTIONS to Vaccination Policy

- 1) ****Medical Exemption** - Requires a signed statement from a licensed physician (MD or DO) that the student has a medical condition that does not permit him/her to be immunized. If the medical condition is temporary, the student will be expected to comply with this immunization policy when the exemption expires. Such an exemption request will be reviewed by a committee chaired by the Dean, Engelstad School of Health Sciences. Documentation will be kept on file in the individual program office.
- 2) ****Religious exemption** - Requires a full explanation of the religious belief. Such an exemption request will be reviewed by a committee chaired by the Dean, Engelstad School of Health Sciences. Documentation will be kept on file in the individual program office.

**** A student claiming a medical or religious exemption may not be able to complete clinical portions of a health sciences program required for graduation. A consultation with the Program Director PRIOR to enrolling in a health sciences program is required of any student claiming a medical or religious exemption.**

NOTE

The MMR and varicella vaccines should not be given BEFORE the TB skin test as these vaccines may cause inaccurate test results. If MMR and varicella are given BEFORE the TB skin test, a minimum of 4 weeks must separate the vaccine from the skin test. MMR and varicella vaccines can be given at the same time, on the same day, or after the TB skin test has been evaluated without interfering with the TB skin test result.

The hepatitis A, hepatitis B, tetanus and rabies vaccines can be given any time and do not interfere with TB skin test results.

Consult with your healthcare provider to coordinate services.

COLLEGE OF SOUTHERN NEVADA

TB SKIN TEST POLICY

QUESTIONS

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Deal of the Engelstad School of Health Sciences.

PROGRAMS AFFECTED

A student enrolled in any of the following health sciences programs is a potential candidate for this policy or portions of this policy, depending on the particular course of study: Cardiorespiratory Sciences, Contact Lens Technician, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Emergency Medical Technician, Health Information Technology, Medical Coding, Medical Laboratory Assistant, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Office Assisting, Medical Office Practices, Medical Transcription, Nursing (RN), Nursing Assistant, Occupational Therapy Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Paramedic Medicine, Patient Registration, Pharmacy Technician, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy Technology, Surgical Technologist, Veterinary Technology.

*****PROGRAM REQUIREMENTS VARY*****

Consult with your Program Director and/or Advisor for specific program requirements and requirement deadlines.
IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR HIS/HER SPECIFIC PROGRAM OF STUDY.

Each student is responsible for presenting to his/her respective program advisor evidence of non-infectivity to tuberculosis while enrolled in a health sciences program. Methods in which this may be accomplished vary with each student.

CURRENT TST = No more than 365 DAYS SINCE ADMINISTRATION OF A TST. For a two-step TST, the 365 day time interval starts the day of the second test is administered.

ONE STEP TST = The Centers for Disease Control and Prevention recommends: Administer the test, read results 48-72 hours later.

TWO STEP TST = The Centers for Disease Control and Prevention recommends: Administer step 1. Read results 48-72 hours later. *Minimum 7 days after administration of the first step*, administer step 2. Read results 48-72 hours later. (The Southern Nevada Health District often performs a two-step skin test as follows. Administer step 1. Seven days later, read results and administer step 2. Read results 48-72 hours later. *(This will be accepted by CSN.)*)

A two step TST consists of two single TSTs performed within 365 days *after administration of the 4 second step*.

CURRENT CHEST X-RAY (CXR) = Take within the past 24 months *as follow up to a documented positive TST*. Must present documentation of a negative CXR results indicating no active pulmonary disease is present.*

QUANTIFERON® TB GOLD IN-TUBE BLOOD TEST = Confirm with respective program that the blood test is accepted in lieu of TST.

A CXR will only be accepted as a follow-up to a documented positive TST.

When	What is required 1 year = 365 days	How	Exception
UPON ENROLLMENT	Provide evidence of negative TST within the last year	If no TST within the last year, a two-step TST is required. With documentation of two or more consecutive annual, negative one step TST, a one-step TST is required.	Documented <i>history of positive</i> TST. SEE BELOW.
WHILE ENROLLED	Provide evidence of negative TST within the last year	Requires a current TST on file with program while enrolled	Documented <i>history of positive</i> TST. SEE BELOW.
NEW POSITIVE TST results	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor 1) written results of TST 2) written documentation of negative (no active pulmonary disease) CXR. 3) completed <u><i>Tuberculosis Symptom Screening Questionnaire</i></u> annually.	None
Documented HISTORY of POSITIVE TST	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	Requires: 1) CXR taken within the past 24 months as follow up to previous positive TST 2) written documentation by healthcare professional indicating no active pulmonary disease is present 3) completed <u><i>Tuberculosis Symptom Screening Questionnaire</i></u> annually. <i>Exempt</i> from further TST. If symptoms suggestive of TB develop, an immediate referral to a healthcare provided required.*	A student with documentation of having successfully completed the recommended course of preventive treatment for TB will complete a <u><i>Tuberculosis Symptom Screening Questionnaire</i></u> in lieu of a TST or chest x-ray. * SEE BELOW

<p>Documented</p> <p>HISTORY</p> <p><i>of</i></p> <p>POSITIVE TST</p> <p>WITH</p> <p>documentation of successfully completing the recommended course of preventive treatment</p>	<p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p>	<p>Requires:</p> <p>1) written documentation of successfully completing the recommended course of preventive treatment (minimum 6 months)</p> <p>2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p>	<p>None</p>
<p>Documented</p> <p>HISTORY</p> <p><i>of</i></p> <p>ACTIVE TB</p> <p>WITH</p> <p>documentation of successfully completing the recommended course of therapeutic treatment</p>	<p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p>	<p>Requires:</p> <p>1) written documentation of successfully completing the recommended course of therapeutic treatment (minimum 6 months)</p> <p>2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p>	<p>none</p>

***CONFIRMED or SUSPECTED TB INFECTION** – Dean and Southern Nevada Health District must be notified immediately.

Vaccines Q & A

Q. Do all programs in School of Health Sciences require the same vaccines?

A. Program requirements vary. Consult with your program director and/or program advisor to determine which vaccines are required by your specific program. For example: only students enrolled in the Veterinary Technician program are required to receive the rabies vaccine.

Q. If a physician or assistant writes a note stating the student is “up-to-date on all vaccines” is that acceptable?

A. Documentation requires health records that show specific *dates* of the diseases or specific *dates* when the vaccines were administered. Health records may be in the form of *original* vaccination records (or copies of the original records) or the required information may be provided by the *original* treating physician on an official letterhead, prescription form or the like with signature of the original treating physician. ‘School records’ or family testimonials are not acceptable.

Q. What should a student do if he/she cannot obtain the original health records to verify previous vaccines or history of disease?

A. If health records cannot be located, there are two options, 1) have blood tests (titers) to verify immunity or 2) be revaccinated. Each individual blood test must be ordered by a physician and performed by a diagnostic lab.

Q. What should the student do if blood titers how negative for antibodies?

A. The student must then be revaccinated.

Q. If blood titers are needed, which tests should be performed?

A. The CSN document [Laboratory Diagnostic Codes - Blood Titer to Test for Immunity](#) lists all the suggested diagnostic codes that a student may need.

Q. If a student “gets behind” in the vaccination series (varicella, MMR, Hep B) what should the student do?

A. It is generally recommended to pick up where the schedule left off and complete the series. Example: A person received two hepatitis B vaccine doses two years ago and never got the third. The third dose should be given to complete the series. If five years or more has elapsed, consider starting over, though this is not mandated by CSN.

Q. Can a student participate in clinical activities without all vaccines being up-to-date?

A. In order for a student to participate in clinical activities, he/she must have at least 2 doses of all vaccines, yet stay on schedule for the remaining doses. If the student is in an *accelerated program*, that program must get, in writing from all affiliate clinical sites permission to send students who have received a minimum of only one dose. *Students must stay on schedule to receive remaining doses or lose clinical privileges.*

Q. If a student receives a dose of vaccine earlier than the minimum interval recommended by CDC, is that acceptable?

A. No. The dose of vaccine is invalid and must be re-administered after the minimum interval. Example: If a student receives the third dose of hepatitis B vaccine 2-3 weeks before the recommended minimum interval (4 months between the first and third dose), the third dose must be re-administered using the correct interval.

Q. Will vaccines interfere with TB skin test (TST) results?

A. The MMR and varicella vaccines may interfere with the TST results if the vaccines are administered before the skin test. If MMR or varicella vaccines are administered BEFORE the TST, a minimum of 4 weeks must separate the vaccine from the TST. MMR and varicella vaccines can be administered at the same time, on the same day, or after the TST has been evaluated without interfering with the TST results. The hepatitis A, hepatitis B, tetanus and rabies vaccines can be administered any time without interfering with TST results. Be sure to consult with your healthcare provider to coordinate services.

Q. Can a pregnant student be vaccinated safely?

A. Some vaccines can be administered safely while pregnant, while other should be delayed. Consult with your physician to determine the best course of action.

Q. Can a pregnant student participate in clinical training at affiliate sites without being immunized?

A. A pregnant student can receive a temporary medical exemption and still participate in clinical experiences.
[SEE CSN Vaccination Policy.](#)



TB Skin Test (TST) Q & A

Q. What constitutes a current TST?

- A.** A TST is considered current if no more than 365 have elapsed since the *administration* of the test. For a two step TST, the 365 time interval starts the day the second test is *administered*.

Q. What constitutes a 1-step TST?

- A.** The Center for Disease Control and Prevention recommends the test be administered and then evaluated (read) 48-72 hours (2-3 days) later.

Q. What constitutes a 2-step TST?

- A.** The Center for Disease Control and Prevention recommends the first test be administered and then evaluated (read) 48-72 hours later, no earlier and no later. A *minimum* of 7 days after the *administration* of the first test, the second test can be administered. The second test is evaluated 48-72 hours later.

NOTE: The local health district often administers the 2-step TST using an abbreviated method: The first test is administered. Exactly seven days later the first test is read and the second test is administered during the same visit. The second test is evaluated 48-72 hours later.

BOTH methods will be accepted by CSN health programs.

Q. What is the minimum interval between administration of step 1 and step 2?

- A.** Seven days.

Q. What is the maximum interval between step 1 and step 2 and still have a current 2 step TST?

- A.** The CDC recommends a maximum of 365 days between administration of step 1 and step 2. Individual health programs are free to set a shorter interval to suit their educational needs.

Q. If a student waits 1 day past the expiration of their 2-step TST what do they need to do?

- A.** In this case, the student must have a 2 step TB skin test performed.

Q. Do vaccines interfere with the results of TST?

- A.** Live vaccines (MMR, varicella) can interfere with the results of a TST, however live vaccines can be administered on the same day as a TST without interfering with the results. If a live vaccine is given a day or more before a TST, there must be a 28 day interval between the vaccine and the TST. A live vaccine can be given following the evaluation of a TST.

NOTE: In the case of a 2 step TST, a dose of MMR or varicella vaccine can be given on the same day the first TST is administered. Then 28 days must elapse between that dose of MMR or varicella vaccine and administering a second TST.

Q. Can a chest x-ray be substituted for a TST?

- A.** A chest x-ray cannot be substituted for a TB skin test. A chest x-ray is only accepted as a follow-up to a positive TB skin test.

Q. Can a blood test be substituted for a TST?

- A.** Currently, CSN does not accept a blood test in lieu of a TST or a chest x-ray.

Q. Who should read (evaluate) the TST?

- A.** Skin tests should be read by someone who has special training or has much experience in evaluating results, either by the same person who administered the test or at least at the same facility where the test was administered. CSN will not accept a TST administered by one facility and read by another.

Q. What happens if my TST is positive?

A. A positive TST requires a follow-up evaluation to rule out active TB. This is done by having a chest-x-ray taken and evaluated for the presence of pulmonary tuberculosis. The student must present a written report from the evaluating healthcare provider indicating the chest x-ray indicating active pulmonary disease is not present.

Q. What should be done if a student had a positive TST in the past?

A. A student with a recent or historical positive TST must have a chest x-ray (no older than 2 years) as well as the resulting report from the evaluating healthcare provider indicating there is no active pulmonary disease present. This student is exempt from further TST, but is required to complete the 'Tuberculosis Symptoms Questionnaire' annually while enrolled in CSN health programs.

Q. What is required of a student who has completed the recommended treatment (6-9 months) to prevent or eliminate active tuberculosis?

A. Such a student must present documentation of completed treatment. This student is exempt from further TST or chest x-rays, but is required to complete the 'Tuberculosis Symptoms Questionnaire' annually while enrolled in CSN health programs.

Q. If a student had several one step TST while working for a previous employer, what is required?

A. If a student can show documentation of having two or more consecutive annual negative one step TST, a 1-step TST will be required prior to enrolling. If not able to show documentation, a 2 step TST is required.

Q. If a student's TST expires several months after classes begin, does the student have to have a TST prior to enrolling?

A. For example, if a student's last TST (one step or two step TST) was, 6 months ago, that student is considered current and must have another TST before the previous one expires. The student must, however stay current throughout clinical experiences.

Q. What is the "rule" regarding chest x-rays (CXR)? How long are they good for and how often are they to be obtained?

A. Chest x-rays are only acceptable if taken as a follow up to a previous or current positive TB skin test. The x-ray must be no older than 2 years and be accompanied by a statement from the evaluating healthcare professional indicating the student is free of active pulmonary disease.



Vaccination & TB Skin Test

WORKSHEET

This worksheet is not an official record.

Requirements may vary with each individual program of study. Consult with the program director and/or faculty advisor for specific program requirements and deadlines.

Student LAST Name _____ FIRST Name _____

Date _____ Program of Study _____

Vaccine	Dose 1	Dose 2	Dose 3
Hepatitis A (Massage Therapy & Culinary only) 2 doses administered at least 6 months apart Blood Titer, if applicable: date _____ results _____	____/____/____	____/____/____	
Hepatitis B 3 doses; #1, #2 minimum 4 weeks (28 days) after #1, #3 minimum 8 wks after #2 (#3 must be separated from #1 by at least 16 weeks) Blood Titer, if applicable: date _____ results _____	____/____/____	____/____/____	____/____/____
MMR (Measles, Mumps, Rubella) 2 doses minimum 4 weeks (28 days) apart. SEE 3) and 4) below. Blood Titer, if applicable: date _____ results _____	____/____/____	____/____/____	
Varicella (Chicken Pox) 2 doses minimum 4 weeks (28 days) apart. SEE 3) and 4) below. Blood Titer, if applicable: date _____ results _____	____/____/____	____/____/____	
Tetanus (Tdap) 1 dose within last 10 years.	____/____/____		
Rabies (Veterinary Tech only) 3 doses administered on day 0, 7 and 21 or 28. (CDC recommends #3 be administered on the 28 th day)	____/____/____	____/____/____	____/____/____

	Step 1 Date Administered	Step 1 Date Evaluated	Step 2 Date Administered	Step 2 Date Evaluated
TB skin Test	____/____/____	____/____/____	____/____/____	____/____/____

If POSITIVE results, SEE CCSN Immunization and TB Skin Test POLICY

- 1) Time between administering step 1 and step 2 is minimum 7 days.
 - 2) Time between administering a test and evaluating the test is minimum 48 hours, maximum 72 hours.
 - 3) If a live vaccine (MMR, varicella) is given, must wait minimum 28 days before administering a TB skin.
 - 4) TB skin test can be given on the same day as a live vaccine.
- SEE TB SKIN TEST POLICY for more details.

Laboratory Diagnostic Codes Blood Titer to Test for Immunity

Blood testing to verify serologic immunity to disease must be ordered by a physician and performed by a licensed clinical laboratory. Confirm with your health insurance company that such testing is covered by your plan. An office visit charge may also be applied for ordering the test.

Once the written test order has been received, contact the laboratory of choice to confirm current pricing and collection site. In addition to the test fee, a collection fee may also be assessed.

Test results must be reviewed and interpreted by a physician. Do not request CSN faculty or staff to interpret test results.

Test	Quest Diagnostics	LabCorp	Primex
Hepatitis A total antibodies	7285	006726	786
Hepatitis B surface antibodies	7292	006395	790
MMR Immunity Profile	5259x	058495	_____
Measles (Rubeola) IgG antibodies	964x	096560	815
Mumps IgG antibodies	64766	096552	818
Rubella IgG	4327	006197	831
Varicella IgG antibodies	4439	096206	851

Laboratory Corporation of America (LabCorp) **
2801 W. Charleston Blvd., LV, NV, 89102
702-878-4217

Quest Diagnostics **
761 S. rainbow Blvd., LV, NV, 89145
702-733-7866

Primex Clinical Laboratories
2810 W. Charleston Blvd., LV, NV, 89102
702-258-8826

** Locations listed are closest to the West Charleston campus; there are other locations in Southern Nevada that may be more convenient for you to visit.

Questions – please contact the Office of the Dean 702-651-5742



Positive TB Skin Test Q & A

Q What if my TB skin test (TST) is positive?

A Most people with positive skin tests do not have tuberculosis. However, CSN requires that chest x-ray be obtained to be sure that there is no active pulmonary disease.

Q Where can I get a chest x-ray?

A If you have a positive TB skin test, you should contact your primary care physician or the local health district to arrange a chest x-ray.

Q Can Tuberculosis be treated?

A Yes, however it usually takes a combination of several drugs for successful treatment, and the drugs must be taken for a minimum of 6 months. Almost all people who take their medication as directed are cured. If tests continue to show positive results, treatment is extended for 8-9 months. Recently, some cases of tuberculosis have been caused by “resistance” bacteria that do not respond to the drugs that are typically used. Such cases are more difficult to treat. However, in almost all cases, tuberculosis can be treated successfully if found early enough and treated long enough.

Q What if I have a positive skin test and a normal chest x-ray?

A Sometimes treatment is given to prevent the development of tuberculosis. This treatment is known as “prophylaxis” and is done by giving a drug called isoniazid (also known as INH) every day for a minimum of 6 months. This prevents the infection from becoming active and reduces the risk of complications. Prophylaxis treatment may be recommended to you following a clear chest x-ray (CXR), but is voluntary and not mandated by CSN.

Q Who should consider taking prophylaxis?

A Prophylaxis should be considered in people with positive skin tests who:

- Have close contact with persons with tuberculosis
- Have recently developed a positive skin test
- Will be treated for long periods with cortisone-type medicines
- Have chronic illnesses such as HIV and diabetes
- Are under age 35

Prophylaxis is not routinely recommended for the elderly, people who are heavy drinkers of alcohol and people with liver disease.

Q Where can I learn more?

A American Lung Association
61 Broadway, 6th floor
New York, NY 10006
1-800-LUNG-USA (586-4872)
www.lungusa.org



Positive TB Skin (TST)

Referral for Chest X-ray (CXR) and/or Other Treatment

TWO Options:

- 1) See your own primary care physician (call physician to receive instructions)
- 2) ***Southern Nevada Health District (SNHD)***
HEALTH CARD area 8 - 4:30 M-F

<i>SNHD</i> 625 Shadow Lane (near Charleston & Shadow Lane) Las Vegas, NV 89106 759-1097	<i>SNHD</i> 560 N. Nellis #E11 (Nellis and Stewart) Las Vegas, NV 89110 759-1340	<i>SNHD</i> 3900 Cambridge Street (Near Flamingo & Maryland Pkwy. Behind the Recreation Center) Las Vegas, NV 89119 732-1781
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CSN requires a student with a positive TST to follow-up with their primary care physician or the SNHD. The student must show he/she is noninfectious with TB by the following:

- Written documentation of negative (no active pulmonary disease present) CXR no older than 2 years taken as follow-up to a positive TST.
AND
- Completion of the ***Tuberculosis Symptoms Screening Questionnaire***.
 - Answering YES to *any* question on the TB symptoms questionnaire requires immediate evaluation by healthcare provider.
 OR
- Written documentation of completed treatment to prevent the development of active TB ('prophylaxis' with isoniazid also know as INH) *for at least 6 months*. In this case, there is never a need for chest x-rays or skin tests again. However, a ***Tuberculosis Symptoms Screening Questionnaire*** must be completed annually.
OR
- Written documentation of successful completion of recommended treatment for active TB.

Instructions:

- 1) No appointment needed at the SNHD. (note times of operation above)
- 2) Take written results of TB skin test
- 3) Ask for chest x-ray. (SNHD does not charge for *referring* you for x-ray)
 You will be referred to an outside diagnostic imaging company where there will be a charge for the x-ray (usually under \$100)
- 4) The results of the chest x-ray will be forwarded back to your physician or the SNHD
- 5) Your physician or the SNHD will evaluate the results and make recommendations.
- 6) Bring the following to your CSN program advisor/instructor.
 - Written results of your TB skin test
 - Written documentation of the results of the CXR showing no active pulmonary disease.
Do not bring the actual x-ray.



Tuberculosis Symptoms Screening Questionnaire

This form must be completed annually by a student with a history of a positive TB skin test.

PLEASE PRINT

Name: _____ Enrolled in Which Program? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

Gender (circle): Male Female Birth date: month_____ day_____ year_____

Please answer the following questions.

Do you have:	Descriptions	Yes	No
1. Unexplained productive cough	<i>Cough greater than 3 weeks in duration</i>		
2. Unexplained fever	<i>Persistent temp elevations greater than one month</i>		
3. Night sweats	<i>Persistent sweating that leaves sheets and bedclothes wet</i>		
4. Shortness of breath/chest pain	<i>Presently having shortness of breath or chest pain</i>		
5. Unexplained weight loss/appetite loss	<i>Loss of appetite with unexplained weight loss</i>		
6. Unexplained fatigue	<i>Very tired for no reason</i>		

The above health statement is accurate to the best of my knowledge. I will see my doctor and/or health department if my health status changes.

_____/_____/_____
Signature *Date*

Action Taken by Program Advisor/Instructor

*Action taken after a YES answer to any question: _____
