UN	VIVERSITY TURERCUI OSIS (TR	DIEV ASSESSMENT		
OF I) RISK ASSESSMENT alth care providers ONLY		
		THINK BIG	WE I	
	ULINE B. WOOD HEALTH SERVICES field Road, Potter Building, Kingston, RI 02881 USA p: 401.874.2246 f: 401	1.874.2586 http://health.uri.edu		
uden	t Name: Student	ID #:	- mi	
rsons	with any of the following risk factors are candidates for either Man GRA), unless a previous positive test has been documented:		a Release	
story o	f a positive TB skin test or IGRA blood test? (If yes, document below)		Yes No	
story o	f BCG vaccination? (if yes, consider IGRA if possible)		Yes 🔄 No	
1.	Does the student have signs or symptoms of active pulmonary tull If No, proceed to 2 or 3. If Yes check below:	berculosis disease?		
	Cough (especially if lasting for 3 weeks or longer) with or without sputum production Coughing up blood (hemoptysis) Chest pain Proceed with additional evaluation to exclude active tuberculosis disease evaluation as indicated.	Loss of appetite Unexpected weight loss Night sweats Fever se including tuberculin skin testing (or IGRA), chest x-ra	ay and sputum	
	Results:mm of induration **Interpretation: Positive Negative Interpretation Guidelines:			
	> 5mm is positive:	 > 10 mm is positive continued: Injection drug users 		
	 Recent close contacts of an individuals with infectious TB Persons with fibrotic changes on prior chest x-ray, 	 Injection drug users Mycobacteriology laboratory personnel 		
	consistent with past TB disease	 Residents, employees or volunteers in high 	h-risk	
	 Organ transplant recipients and other immunosuppressed persons (including receiving ≥ 15 mg/d of prednisone for ≥ 1 month) 	 congregate settings Persons with medical conditions that increating progression to TB disease including: silicon 		
	Persons with HIV/ Aids	mellitus, chronic renal failure, certain types	s of cancer	
	> 10 mm is positive:	(leukemias and lymphomas, head, neck or		
	Recent arrivals to the U.S. (< 5 years) from high	gastrectomy or jejunoileal bypass and weig least 10% below ideal body weight	ght loss of at	
	prevalence areas who resided in one for a significant * amount of time	> 15 mm is positive:		
	*The significance of the travel exposure should be discussed with a health care provider and evaluated	 Persons with no known risk factors for TB, certain testing programs required by law o would otherwise not be tested 		
3.	Interferon Gamma Release Assay (IGRA)			
	Date Obtained: // (circle method): QFT-G QFT-GIT T-Spot Other			
		_ Borderline (T-Spot only)		
4.	Chest x-ray (required if TST or IGRA is positive) Date of chest x-ray: // Result:	Abnormal		
ALTH	CARE PROVIDER:			
me:		Signature:		
Idress:	Phone: ()			

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