

Mantoux Tuberculin Skin Test

You must clear all testing results and required reports through Grossmont Health Services prior to submitting these documents to the Program Office. If you have had adverse reactions to TB testing and are being asked to have the 2-step PPD process, you may have the QuantiFERON® TB test.

- If you have never had a TB test OR if it has been over 12 months of since receiving a negative TB test;
 1. A baseline "Two-Step" Mantoux Test (PPD) is required for all new students regardless of prior BCG inoculation.
 2. After baseline testing, all health care students must have an annual Mantoux Test. If the interval between testing is greater than 12 months, the Two-Step will be repeated.

- If you have a documented negative TB test **within 12 months** of entering the program;
 1. A "One-Step" is required ONLY if a negative Mantoux Test result is documented within the previous 12 months. Date done and proof of this past testing, is required. Prior "Two-Step" baseline testing will be accepted only if done no more than 3 months prior to enrollment.
 2. After baseline testing, all health care students must have an annual Mantoux Test. If the interval between testing is greater than 12 months, the Two-Step will be repeated.

- If do **NOT** have documentation for a negative TB test done within 12 months of entering the program;
 1. If documentation is not available, a repeat baseline Two-Step" Mantoux Test (PPD) is required. There is no danger in having these tests repeated.
 2. After baseline testing, all health care students must have an annual Mantoux Test. If the interval between testing is greater than 12 months, the Two-Step will be repeated

- If you have previously had a **positive** Mantoux (PPD) test;
 1. All new students with a previously positive Mantoux must provide the following documentation: 1) the reported induration measured in mm and 2) one chest radiograph to exclude a diagnosis of TB disease. After this baseline chest radiograph is performed and the result is documented, repeat radiographs are not needed unless symptoms or signs of TB disease develop or a clinician recommends a repeat chest radiograph OR 3) have a BAMT (blood assay for M. tuberculosis). If the latter, proof of testing with a complete report which provides an interpretation of the test result and indicates the concentration of interferon-gamma. If the BAMT results are "inconclusive" or "positive", a report of a negative chest x-ray is to be provided.
 2. Students with a previously positive Mantoux must have an annual symptom check and evaluation in the Student Health Service.

Mantoux Conversion

1. If a test result becomes positive (induration \geq 10mm) after previously being negative, neither student nor faculty may be on campus or attend class until cleared by a negative chest x-ray report is submitted to the Grossmont Student Health Service.
2. Medical evaluation for possible treatment of LTBI is required for those individuals with a known recent Mantoux conversion.

A TB form submitted to the Nursing Office without an authorized signature and stamp from the Health Services office is incomplete and will not be accepted.

**GROSSMONT COLLEGE HEALTH PROFESSIONS
MANTOUX TUBERCULIN SKIN TEST REQUIREMENTS**

(Signature and stamp are required)

Name: _____

Last

First

ID# _____ Faculty _____ Student _____

PLEASE SEE PREVIOUS PAGE FOR INFORMATION PRIOR TO OBTAINING TB TESTING.

All Health Profession students are required to have annual tuberculin testing. Intradermal PPD (Mantoux) must be done within (3) three months of beginning the Health Profession programs unless previously positive (see reverse for more information). **The amount of Induration must be measured in mm** ("positive" or "negative" is insufficient). **You must be cleared through the Health Services Office**

Step #1	Manufacturer: _____ Dose: 0.1ml
Date Given: ____/____/____	EXP.DATE _____ LOT # _____
Time Given: ____:____	Given By: _____
Date Read: ____/____/____	Results in mm: _____
Time Read: ____:____	Read By: _____
If Mantoux Positive: Chest x-ray required	Result (a copy of the report must be submitted with this form)
Date of x-ray: ____/____/____	Negative: _____ Positive: _____

Step #2 (7-14 days following step #1)	Manufacturer: _____ Dose: 0.1ml
Date Given: ____/____/____	EXP.DATE _____ LOT # _____
Time Given: ____:____	Given By: _____
Date Read: ____/____/____	Results in mm: _____
Time Read: ____:____	Read By: _____
If Mantoux Positive: Chest x-ray required	Result (a copy of the report must be submitted with this form)
Date of x-ray: _____	Negative: _____ Positive: _____

RECORD DOCUMENTED POSITIVE INTRADERMAL PPD SKIN TEST (MANTOUX) REACTION AND FOLLOW UP CHEST X-RAY RESULTS.

Mantoux PPD _____mm	Chest X-Ray Date ____/____/____	Results:
Date: ____/____/____	(____) Normal (____) Abnormal	<input type="checkbox"/> Cleared to be on campus
		<input type="checkbox"/> Not cleared to be on campus

SIGNATURE OF GROSSMONT COLLEGE HEALTH SERVICES NURSE _____

DATE _____