**GROSSMONT COLLEGE HEALTH PROFESSIONS  
TUBERCULOSIS CLEARANCE REQUIREMENTS**

**Upon acceptance into any Health Professions program, documentation of TB clearance is required.**

1. **Initial TB Clearance**
2. If you have **never had a TB test or if it has been over 12 months since receiving your last negative TB test**, you have two options for initial TB clearance. TB clearance is required even if you have had prior BCG inoculation.
3. A baseline “Two-Step” TB skin test (PPD) - The dates “tested” and “read” with results reported in “mm” induration must be included for all skin tests. A two-step series will take a minimum of 9 days to complete from the step-one “test” date to the step-two “read” date **or,**
4. A blood test for TB (Interferon-Gamma Release Assay –IGRA) (e.g. QuantiFERON-TB Gold). This blood test takes the place of a 2-step TB skin test.
5. If your initial TB test is positive, refer to section #3 POSITIVE TB TEST below on how to address a positive test.
6. **ANNUAL TB CLEARANCE**
7. If you have **received a TB skin test within the last 12 months,** you have two options for annual TB testing.

One TB skin test done **PRIOR** to the expiration of the previous TB skin test (2 TB skin tests within 364 days). If the interval between the testing is *greater than 364 days,* the two-step series must be repeated. **or,**

A blood test for TB (Interferon-Gamma Release Assay (IGRA) test, e.g. QuantiFERON-TB Gold). This test will take the place of the annual TB skin test.

1. **POSITIVE TB TEST**
2. If you have **previously tested positive on a TB PPD skin test,** you must provide the following three items:

The positive TB skin test report, with the induration measured in “mm”. If you cannot provide a test indicating previous positive results, a baseline skin test must be done.

Copy of the clear chest x-ray report to exclude a diagnosis of TB disease. Once you are admitted to any Health Professions program, you may be required to repeat the chest x-ray prior to specific clinical rotations.

TB Questionnaire. This TB Questionnaire must be done annually (attached in this document).

* 1. If a TB skin test converts from negative to positive, students may not be on campus or attend class or clinical until submitting a negative chest x-ray report, completing a TB questionnaire, and following up with the Grossmont College Student Health Services office to be cleared to be on campus.
  2. Medical evaluation for possible treatment of Latent Tuberculosis Infection (LTBI) is recommended for those individuals with a recent conversion to a positive TB test.

**GROSSMONT COLLEGE HEALTH PROFESSIONS**

**MANTOUX TUBERCULIN SKIN TEST**

**Once accepted, your TB must be in compliance throughout each semester. It cannot expire in the middle of a semester.**

**NAME**:

*Last First*

All Health Profession students are required to have documentation of TB clearance after accepting their seat into the program and while enrolled in any of the health professions programs. See “TB Clearance Requirements “on the 1st page of this document for more information.

On this form, a signature and stamp will only be accepted from the following: Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

|  |  |  |
| --- | --- | --- |
| **Step #1** | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: 0.1mL  Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm  Read By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature |
| If Mantoux Positive:  Chest X-Ray Required  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Results: Negative  Positive  (a copy of the report must be submitted with this form to the Program office) |

|  |  |  |
| --- | --- | --- |
| **Step #2** (No sooner than **7 days** after Step #1) | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: 0.1mL  Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time Read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_mm  Read By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  signature |
| If Mantoux Positive:  Chest X-Ray Required  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Results:  Negative  Positive  (a copy of the report must be submitted with this form to the Program office) |

**GROSSMONT COLLEGE HEALTH PROFESSIONS**

**TUBERCULOSIS SYMPTOM QUESTIONNAIRE**(to be used for positive TB tests only)

**Health Professions Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME**:

*Last, First*

**STUDENT ID#**:

**RECORD DOCUMENTED POSITIVE INTRADERMAL TST SKIN TEST (MANTOUX) REACTION AND FOLLOW-UP CHEST X-RAY RESULTS:**

Mantoux TST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chest X-Ray: 🞎 Normal 🞎 Abnormal Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY STUDENT:**

**Have you experienced any of the following symptoms recently?**

Yes No

1. Chronic cough (more than two weeks in duration).

2. Bring up sputum every day for one week or more.

3. Chronic feeling of fatigue, listlessness (more than two weeks in Duration)

4. Fever (more than one week in duration).

5. Night sweats.

6. Unexplained weight loss (8 pounds or more)

**I certify that the answers I have given are true and correct and I have not withheld any facts or circumstances. I understand that all answers given are subject to verification, and any falsification, misrepresentation, or omission of facts are sufficient reason for dismissal upon discovery at any time during enrollment in the Grossmont College Nursing Program.**

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_