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TUBERCULOSIS (TB) RISK ASSESSMENT
(Required if risk noted on TB Screening Questionnaire)

Student Name _____ Date of Birth _____

Health Care Provider Section: Discuss the significance of exposure and evaluate the patient

1. Tuberculin Skin Test (TST): TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration write "0".

Date given: ____/____/____ Date read: ____/____/____
(Must be read within 48-72 hours)

Result: _____ mm

Interpretation: Positive _____ Negative _____
(based on mm induration as well as risk factors)

2. Interferon Gamma Release Assay (IGRA):

Date given ____/____/____
(Specify method by circling one): QFT-G - QFT-GIT - T-SPOT
OTHER _____

3. Chest x-ray: Required if TST or IGRA is positive:

Date of chest x-ray: ____/____/____

Result: Normal _____ Abnormal _____

Date: _____

Required Signature and/or stamp of Healthcare Provider: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

