

# CTY Medical Form 2024: *TB Test Results* (to be completed by physician)

**\*CONFIDENTIAL\***

Student Name (Last/Surname, First): \_\_\_\_\_

CTY ID: \_\_\_\_\_ Site: \_\_\_\_\_

TB Test Results are only required if a child resides in or has spent 4 weeks or longer in a country identified as high risk—please refer to the TB Screening Questionnaire of the parent-completed portion of the CTY Medical Form.

- Students must have testing completed **no more than 6 months** before the start of the program if they have lived in or spent 4 weeks or longer in a high-risk country (see at bottom of form) since the date they were last tested.
- Chest x-ray results (not the x-ray itself) may be submitted in lieu of skin or blood test results.
- Do NOT complete a PPD skin test if the student has previously had a positive PPD/Mantoux skin test. A chest x-ray (CXR) is required in this case. A blood test may be administered, but if positive, a chest x-ray is required.
- In the United States, the **use of BCG vaccination is NOT accepted as immunization against TB**. Students should be screened and tested as outlined in the TB Screening Questionnaire in the parent-completed portion of the CTY Medical Form.

## 1.) Date of Testing, Type, and Result

Date Test Given	Type of Test	Result
____/____/____ MM DD YY	<input type="checkbox"/> PPD Skin Test (Date test read ____/____/____) <input type="checkbox"/> QuantiFERON®-TB <b>Gold</b> <input type="checkbox"/> T-SPOT®.TB	<input type="checkbox"/> Negative <input type="checkbox"/> Positive ____ mm induration (for PPD only)

## 2.) If PPD or blood test is positive, student must supply results of a chest x-ray and/or treatment.

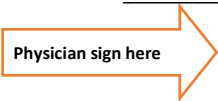
Date of chest x-ray (CXR)	Date of result	Results
____/____/____ MM DD YY	____/____/____ MM DD YY	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal

## 3.) If the student had an abnormal chest x-ray or had a positive test result, did the student receive INH therapy?

☐ No ☐ Yes If yes, Date Started (mm/yyyy) \_\_\_\_\_ Date Stopped (mm/yyyy) \_\_\_\_\_

TB Test Results above may be replaced by equivalent documentation in English signed by a physician. ☐  
**Check if attached**

## Physician's Contact Information (fill in or stamp in box)

Physician's Name: _____	
Address: _____	
Phone Number: _____	
	Physician's signature _____ Date Signed _____ (Must be signed within the <u>12 months</u> prior to the start of the student's 2024 CTY session)

2024

## TB High Risk Countries

The following countries have been identified by WHO as high burden for Tuberculosis and requiring TB testing by JHU for entry to a CTY site.

Angola, Bangladesh, Brazil, Central African Republic, China (including Hong Kong, SAR and Macau, SAR), Congo, DPR Korea, DR Congo, Ethiopia, Gabon, India, Indonesia, Kenya, Lesotho, Mongolia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Sierra Leone, South Africa, Thailand, UR Tanzania, Uganda, Vietnam, Zambia