

POSITIVE TUBERCULOSIS TEST

Requirement & Documentation:

SONDH students **with a positive Tuberculosis (TB) test in their medical history** **MUST** submit valid documentation for **the following 3 elements** to clear the "initial" SONDH TB requirement:

- 1.** A valid **POSITIVE TB test** record[†]. Your positive TB test can be from **any point** in your medical history. Any **1** of following 3 TB tests are acceptable:

PPD w/date given & induration mm reading (≥ 10mm)

QuantiFERON TB-Gold (QFT) w/interpretation & collection date

T-SPOT TB blood test w/interpretation & collection date

† If you do NOT have a valid copy of your positive TB test record, email UHP at uhphealth@ucera.org immediately.

- 2. Chest X-Ray (CXR)** with no signs of TB (reviewed by a US License healthcare provider).

Your valid CXR **MUST be done within 1-year prior to the start of your clinical coursework. Barring extraordinary circumstances (e.g., exhibiting TB symptoms, exposure to TB, etc.), this initial CXR will hopefully be the only CXR required by your specific SONDH program.*

- 3. Form D** (TB Monitoring Form) must be completed **AFTER** you get your *valid* CXR results.

Positive TB Test and CXR Documentation:

You *can* use the included **Form P-3** to document your positive PPD and CXR. **You may also submit other documentation if your alternate documents contain the SAME information captured by Form P-3.** If you have a positive QFT or T-Spot TB blood test, submit a valid copy of the lab report; your lab report must have the following 3 elements: 1) Your full name (first and last), 2) the date your blood sample was collected, and 3) An interpretation OR key to interpret the test results.

IMPORTANT NOTE: Do NOT get any "Live" Vaccines

Do **NOT** get any "live" vaccine (e.g., **MMR, VZV**, etc.) **UNTIL** you secure your **valid positive TB test record**. Once you have your valid positive TB test record, then you may get any "live" vaccines you might need.

Questions about the SONDH Health Clearance:

If you have any questions about the SONDH TB requirement or any of the SONDH health clearance requirements, please email UHP at uhphealth@ucera.org

FORM P-3 CHEST X-RAY & POSITIVE PPD FORM

Requirement:

You must clear the SONDH Tuberculosis (TB) requirement by providing evidence of a 1) positive TB in your medical history, 2) a **recent** "Clear" or "Normal" Chest X-Ray, and 3) a completed Form D (SONDH TB Monitoring Form).

Notes:

You may submit other documentation in place of Form P-3 if your alternate documentation contains the same information required by this form. Form D, however, MUST be used.

If you have a positive QuantiFERON TB-Gold (QFT) or T-SPOT TB Test, submit a copy of the lab report with your full name, the date the sample was collected, and the interpretation of the results or key to interpret the results.

If you go to Lanakila or any of the state PHNs, they will not fill out this form.

They will issue alternate documentation; if you get positive TB test documentation from them, make sure it has date given and mm reading.

Student's Name:

Tuberculosis (TB) Clearance	By Whom	Test Dates		Results (Required)
		Given on	Read on	
Chest X-Ray (CXR): You must complete all 3 steps : 1. Provide the date (given and read) & size of a Positive PPD or the lab report. 2. Provide the date of your most recent clear/normal CXR. If your last CXR was done BEFORE 05/01/2024 , then you MUST get a new CXR. 3. Fill out & submit Form D.		+ PPD		mm
		CXR		

 Name of Clinic

 Signature of a US Licensed Healthcare Provider

FORM D: TUBERCULOSIS MONITORING FORM
Only for students with Positive PPD (induration >= 10 mm)

Student Name: _____ UH Email: _____

Department: UH Mānoa SONDH Phone: _____

- Date of your last TB skin test (PPD) _____ Result: _____ mm., if known
- Date of your last Chest X-ray (CXR) _____ Result: normal not normal, if known

Where CXR Performed: _____

- Have you been "exposed" to tuberculosis within the past year?

CIRCLE ANSWER: YES / NO

If yes, where? _____

a) in hospital: Patient _____ Other _____

b) in community (e.g., family, social activities) _____

- Have you experienced any of the following symptoms in the last year? Check YES or NO in the table below

	YES	NO	COMMENT
Coughing longer than 3 weeks			
Coughing up blood			
Shortness of breath/difficulty breathing			
Chest Pain			
Weight loss/loss of appetite			
Night sweats			
Chills/fever			
Fatigue (more than usual)			

- Do you have any chronic diseases? (Circle Answer) Yes / No. If yes, list:

- List all medications you are taking now:

By signing below, I affirm that all my responses are true and accurate.

Student's Signature _____ Date _____