



**GUAM COMMUNITY COLLEGE
HEALTH CENTER**
Telephone Number: 735-5586/735-5644/735-8889

GCC TUBERCULOSIS SCREENING FORM

Name _____
(Last) (First) (Middle)

DOB: _____
(Month/Day/Year)

GCC ID#: _____

Work Location: _____

Please check one that applies to you. () Employee () Student

Rationale:

For employees: Section 25103, Title 10 of the Guam Code Annotated requires that all individuals working in a public or private educational institution submit annually a copy of the TB test result and be declared free of communicable disease.

For students: Public law 22-130 mandates all students to provide the school official a copy of the TB test result. The law also requires that a student with a positive test result obtain a Certificate of Tuberculosis Evaluation from the Department of Public Health & Social Services (DPHSS).

Direction: Thoroughly read the following items and do what is indicated by them. You may be required to proceed to the next item. Items shown below must be completed by a physician, physician's assistant (PA), nurse practitioner (NP), or nurse; refer to each item for specifics.

1. Start with item 2 if you never had a TB test before; or the previous test result was negative. If you have had a history of positive TB test, you do not need to have another TB test administered. You may proceed to item 4.
2. The TB skin test can be administered by a School Health Counselor at the Health Services Center. If a student is a minor, a parent or a guardian has to accompany the student or a parental consent has to be provided in writing. You will be instructed to return to the Health Center within 48-72 hours for the reading. If more than 72 hours have elapsed and you failed to have the test read, the test must be repeated and you may be charged twice on the health fee.
3. Have the School Health Counselor complete item 3 after skin test reading. If the skin test result is negative, you should be done once item 3 is completed. If your skin test result is positive, after item 3 you should proceed to item 4. Have a health care provider complete item 4. If you are a student, you must obtain follow-up for positive TB skin test at DPHSS. For an employee, you may seek follow up at DPHSS or a private physician.

The repeat of a TB skin test, if a client fails to show up for a scheduled reading, and the interpretation of TB Skin test reading will be based on the protocol established by TB section of DPHSS.

Public Law 22-130 requires that any individual entering from an area other than the U.S. states or territories must have the test conducted within 6 months prior to enrollment.

Has the client been a resident of the U.S. or any of its territories within 6 months prior to this TB test administration?

Yes _____ No _____ If no, where did you reside? _____

Date administered: _____ Date Read _____ Result _____ mm.

Name of Physician/PA/NP/Nurse (Print)

Signature of Physician/PA/NP/Nurse

Date Official Stamp

4. If patient has not had a chest X-ray, the health provider may need to order one. Have the following completed by an MD, PA, or NP, and b) attach an official radiology report.

- a) Is X-ray result suggestive of TB? Yes _____ No _____
- b) Date the X-ray was administered: _____
- c) Does the person have any of the following:
- i) chronic cough (2 weeks duration or longer); Yes _____ No _____
 - ii) chronic cough with sputum ; Yes _____ No _____
If yes, color of sputum _____
 - iii) coughing blood; Yes _____ No _____
 - iv) persistent night sweats; Yes _____ No _____
 - v) involuntary weight loss and; Yes _____ No _____
 - vi) unexplained fevers; Yes _____ No _____
- d) Is patient currently on INH preventative therapy? Yes _____ No _____
If not, please state reasons:
_____ patient refuses INH therapy offered
_____ patient over 35 years of age with no risk factor
_____ patient referred to DPHSS for possible INH therapy
_____ patient referred to DPHSS for possible active TB
Other _____
- e) _____ Patient, who is an employee, is cleared to return to work.
_____ Patient, who is a student, is cleared for school.
_____ Patient, who is a positive reactor, needs to bring official X-ray report from DPHSS and obtain certificate of TB evaluation form.

Name of Physician/PA/NP (Print) Signature of Physician/PA/NP Date Official Stamp

5. If you had the skin test done at a private health care provider and the reading is negative, proceed to the GCC Health Center and submit the skin test result.

6. If the result of the skin test is positive, submit the Certificate of TB Evaluation Form to the GCC Health Center for clearance.

Checklist for GCC Health Center:

_____ Date this form to indicate when the required documentation was received.

Cleared by the School Health Counselor:

Full Name of Clearing Person

Full Signature of Clearing Person Date