

Wilkins Wellness Center

Tuberculosis Statement of Treatment

Name: _____

SU ID# _____

Date of Birth: _____

If you have a positive test (exposure or BCG vaccination) and a chest X-ray is ordered, the Statement of Treatment Form must be completed by your primary care provider.

Dear Provider,

Your patient, _____ date of birth: _____ will be providing direct patient care to comply with the clinical experience requirements. A chest x-ray was completed on _____ due to a Tuberculin Skin Test result measuring: _____ mm. (See attached CXR)

Free of Active Disease or Determined to have Latent TB

- ☐ My patient, named above, has been examined for Pulmonary Tuberculosis (TB) and is free of active disease. The patient has been counseled on the risk of developing Pulmonary TB and risks that the patient may pose to their contacts. The patient has been instructed on signs and symptoms of Pulmonary TB and to seek medical evaluation should they become symptomatic.

Placed on Treatment Therapy for Latent TB: No _____ Yes _____ Rx: _____

Follow-up appointment date: _____

Return to school/clinical status: **May** return to full duty as of (date): _____

Current Diagnosis of Active Disease

☐ Placed on Treatment Therapy: No _____ Yes _____ Rx: _____

Follow-up appointment date: _____

Return to school/clinical status: **May not** return to school/clinical at this time due to current diagnosis of "active Tuberculosis." _____

Treatment of Active Disease

- ☐ I attest that I am a health care provider qualified to make the determination that this patient is no longer infectious by demonstrating sputum is free of bacilli on three (3) consecutive smears on separate days or sputum cultures show no growth.

Return to school/clinical status: **May** return to school/clinical full duty as of (date): _____

Comments: _____

Provider Signature (MD/DO, NP, PA): _____ Date: _____

Health Care Provider (Print Name): _____

Phone: _____

Address: _____

Please go to su.studenthealthportal.com to upload the form electronically.