Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Name: ___________________________  Date of Birth: ______________  Date ________________________

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  ☐ Yes  ☐ No

Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)

- Afghanistan
- Algeria
- Angola
- Argentina
- Armenia
- Azerbaijan
- Bahrain
- Bangladesh
- Belarus
- Belize
- Benin
- Bhutan
- Bolivia (Plurinational State of)
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroun
- Cape Verde
- Central African Republic
- Chad
- China
- Colombia
- Comoros
- Congo

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)  ☐ Yes  ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  ☐ Yes  ☐ No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  ☐ Yes  ☐ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  ☐ Yes  ☐ No

If the answer is YES to any of the above questions, Alvernia University requires you to have Part II completed by your Health Care Provider

If the answer to all of the above questions is NO, no further testing or further action is required.
Part II. Clinical Assessment by Health Care Provider  (to be completed if student answered YES to any questions in Part I.)

Name: ___________________________  Date of Birth: ___________________  Date ______________

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below)  Yes _____ No ______

History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes _____ No ______

1. TB Symptom Check
   Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes ___ No ___

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)
   (TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

   Date Given: ___/___/____  Date Read: ___/___/____

   Result: ______ mm of induration  **Interpretation: positive____ negative____

   Date Given: ___/___/____  Date Read: ___/___/____

   Result: ______ mm of induration  **Interpretation: positive____ negative____

**Interpretation guidelines

>5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month)
- HIV-infected persons

>10 mm is positive:

- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:

- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other____

M D Y

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other____

M D Y

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____

M D Y

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication.

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

_________________________             ___________________
Health Care Professional Signature                                                                Date

Address: __________________________________________

Phone Number: __________________________

Fax Number: __________________________