

Name: _____

Student ID#: _____

Date: _____

Tuberculosis Screening Questionnaire to be Completed by Incoming Students

Please answer the following questions:

Have you ever had a positive TB skin test? Yes No

Have you ever had close contact with anyone who was sick with TB? Yes No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country) Yes No

Have you ever traveled* to/in one or more of the countries listed below? (If yes, please CHECK the country/ies) Yes No

Have you ever been vaccinated with BCG? Yes No

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

- | | | | | |
|------------------------|---------------------|-------------------|-----------------------|-----------------------|
| Afghanistan | Cook Islands | Kenya | Niger | Syrian Arab Republic |
| Algeria | Côte d'Ivoire | Kiribati | Nigeria | Taiwan |
| Angola | Croatia | Kuwait | Pakistan | Tajikistan |
| Argentina | Democratic People's | Kyrgyzstan | Palau | Thailand |
| Armenia | Republic of Korea | Lao People's | Panama | The former Yugoslav |
| Azerbaijan | Democratic Republic | Democratic | Papua New Guinea | Republic |
| Bahrain | of the Congo | Republic | Paraguay | of Macedonia |
| Bangladesh | Djibouti | Latvia | Peru | Timor-Leste |
| Belarus | Dominican Republic | Lesotho | Philippines | Togo |
| Belize | Ecuador | Liberia | Poland | Tonga |
| Benin | El Salvador | Libyan Arab | Portugal | Trinidad and Tobago |
| Bhutan | Equatorial Guinea | Jamahiriya | Qatar | Tunisia |
| Bolivia (Plurinational | Eritrea | Lithuania | Republic of Korea | Turkey |
| State of) | Estonia | Madagascar | Republic of Moldova | Turkmenistan |
| Bosnia and | Ethiopia | Malawi | Romania | Uganda |
| Herzegovina | French Polynesia | Malaysia | Russian Federation | Ukraine |
| Botswana | Gabon | Maldives | Rwanda | United Republic of |
| Brazil | Gambia | Mali | Saint Vincent and the | Tanzania |
| Brunei Darussalam | Georgia | Marshall Islands | Grenadines | Uruguay |
| Bulgaria | Ghana | Mauritania | Sao Tome and | Uzbekistan |
| Burkina Faso | Guam | Mauritius | Principe | Vanuatu |
| Burundi | Guatemala | Micronesia | Senegal | Venezuela (Bolivarian |
| Cambodia | Guinea | (Federated States | Serbia | Republic of) |
| Cameroon | Guinea-Bissau | of) | Seychelles | Viet Nam |
| Cape Verde | Guyana | Mongolia | Sierra Leone | Yemen |
| Central African | Haiti | Montenegro | Singapore | Zambia |
| Republic | Honduras | Morocco | Solomon Islands | Zimbabwe |
| Chad | India | Mozambique | Somalia | |
| China | Indonesia | Myanmar | South Africa | |
| Colombia | Iraq | Namibia | Sri Lanka | |
| Comoros | Japan | Nepal | Sudan | |
| Congo | Kazakhstan | Nicaragua | Suriname | |
| | | | Swaziland | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata/?vid=510>

If the answer to all of the above questions is NO, no further testing or further action is required.

If the answer is YES to any of the above questions, University of La Verne requires that your health care provider complete a tuberculosis risk assessment and appropriate testing prior to your enrollment. (See next page).

Tuberculosis (TB) Risk Assessment by Health Care Provider

1. Does the student have signs or symptoms of active tuberculosis disease? Yes No
If No, proceed to 2 or 3. If yes, 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

OR

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ (specify method) QFT-G QFT GIT other _____

Result: negative positive intermediate

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

Date of chest x-ray: _____

Result: normal abnormal

**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
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- α antagonist
- Persons with HIV/AIDS

>10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings**
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive:

- Persons with no known risk factors for TB disease