

DATE: _____

Name: _____ Student ID #: _____ Birthdate: _____

MA State Guidelines: For you and your Health Care Provider to use to determine your risk factor and need for TB (Mantoux) testing or IGRA testing. If your answers are “No” to all of the following questions, you are considered low risk. Please return this form to Health Services along with your Health Form.

NOTE: If the answer to **any** of the questions below is **YES**, please have your PCP review and complete the reverse side of this form as the Massachusetts Department of Public Health **strongly recommends** that you have a tuberculin skin test or IGRA blood test to check for latent tuberculosis infection. If the answer to **all** of the questions below is **NO**, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test but you may need a chest xray.

Tuberculosis Risk Questionnaire for College and University Students

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. To the best of your knowledge have you ever had close contact with persons known or suspected to have active TB disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you born in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you traveled or lived for more than one month in one or more of the countries listed below?
(If yes please CIRCLE below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been a resident, volunteer or employee of a high-risk congregate settings?

(e.g., Correctional facilities, homeless shelters or long-term care facilities)? | <input type="checkbox"/> | <input type="checkbox"/> |

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)
World Health Organization Global Health Observatory Tb Incidence Report 2015.

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	
Central African Republic	Haiti	Montenegro	Senegal	Viet Nam
Chad	Honduras	Morocco	Serbia	Yemen
China	India	Mozambique	Sierra Leone	Zambia
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	Zimbabwe
China, Macao SAR			Solomon Islands	
Colombia				

MEDICAL EVALUATION OF COLLEGE AND UNIVERSITY STUDENTS

FOR LATENT TUBERCULOSIS INFECTION

NOTE: If you answered "No" to all questions on side 1, you don't need a Tb test

Tuberculin Skin Test

Date ____/____/____

Result (48 – 72 hours) _____ mm of induration
(If no induration, mark "0")

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Risk-based Interpretation or **IGRA test results:** _____

Negative

Positive

INTERPRETATION OF TUBERCULIN SKIN TEST	
RISK FACTORS	POSITIVE RESULT
-Close contact with a case of tuberculosis -HIV infected or immunosuppressed (e.g. organ recipient)persons	5 mm or more
-Born in a country that has a high rate of tuberculosis -Traveled or lived for a month or more in a country that has a high rate of tuberculosis -Injection drug user -resident, employee, or volunteer in high risk congregate setting (e.g. homeless shelter, correctional facility, long term care facility)	10 mm or more
None [Tb test not recommended]	15 mm or more

If the Tuberculin Skin or IGRA Test is Positive:

Chest X-ray report required

Date ____/____/____

Normal

Abnormal _____

(Describe)

Clinical Evaluation

Date ____/____/____

Normal

Abnormal _____

(Describe)

Treatment

Yes _____

(Drug, dose, frequency, and dates)

No

Signature of Health Care Professional: _____

Please Mail this Form with your WSU Health Form. Thank you.