



TUBERCULOSIS SCREENING

THIS FORM IS REQUIRED - STUDENT COMPLETES- DUE JULY 1 FOR FALL AND JANUARY 15 FOR SPRING

This form should be completed by the student AND a healthcare provider who is not a family member. Submit by July 1 for the fall semester and January 15 for the spring semester.

Name: _____ Date of Birth: _____
Last First Middle Initial

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

Please answer the following six questions:

- 1. Have you ever had close contact with persons known or suspected to have active TB disease?
2. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (if yes, please CIRCLE the country below)

Yes No

Table with 5 columns of countries/territories: Afghanistan, Algeria, Angola, Anguilla, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, China, Hong Kong SAR, Macao SAR, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Greenland, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Serbia, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Tanzania, (United Republic of) Thailand, Timor-Leste, Togo, Tunisia, Turkmenistan, Tuvalu, Uganda, Ukraine, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe.

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

- 3. Have you had a frequent or prolonged visit, or a visit of more than two weeks to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories above)
4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?
6. Have you 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?

If the answer is YES to any of the above questions, Hampshire College requires that you receive TB testing. See Page 2
If the answer to all of the above questions is NO, no further action is required.



Part 2: Tuberculosis Testing and Treatment (to be completed by Healthcare Provider)

SECTION II: MEDICAL EVALUATION OF COLLEGE AND UNIVERSITY STUDENTS FOR LATENT TUBERCULOSIS INFECTION (ALL TUBERCULIN SKIN TESTING MUST BE DONE WITHIN THE UNITED STATES OR CANADA.)

A. TUBERCULIN SKIN TEST* (within 6 months prior to entrance) DATE ADMINISTERED _____

Result (48-72 hours) _____ mm of induration in horizontal diameter.

(If no induration, mark "0.")

*Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine, Heaf, or Mono-vacc, not accepted. If unavailable please defer testing until you arrive at Hampshire College.

Risk-based interpretation (see below) [] Negative [] Positive If positive, please complete Section III

OR B. Interferon Gamma Release Assay (IGRA)/ blood test

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

Result [] Negative [] Positive [] Intermediate

SECTION III CHEST X-RAY AND TREATMENT (Chest x-ray required** within 12 months only if PPD or IGRA is positive)

[] Negative [] Positive Date _____

Treatment (required for active tuberculosis, recommended for latent tuberculosis infections)

[] No [] Yes Date of treatment : _____

DRUG, DOSE, AND FREQUENCY

**If PPD or IGRA has been positive in the past but student was not treated for active or latent TB, a chest x-ray is required within 12 months prior to enrollment.

HEALTHCARE PROVIDER SIGNATURE REQUIRED

NAME (PRINT): _____ DATE: _____

ADDRESS: _____

PHONE: _____ SIGNATURE: _____

*Interpretation guidelines

>5mm is positive

- Recent close contact 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 >15mg/d of prednisone for >1 month.)
HIV - infected persons

>10mm is positive:

- recent arrivals to U.S. (<5years) 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 jejunioleal bypass and weight loss of at least 10% below ideal body weight.

>15mm 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.

REQUIRED IF RISKS IDENTIFIED

REQUIRED IF PPD OR IGRA IS POSITIVE

REQUIRED