

**TUBERCULOSIS SCREENING****THIS FORM IS REQUIRED - STUDENT COMPLETES- DUE JULY 15 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 15 for the fall semester and January 15th 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:****Yes No**

- 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)**

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

Yes No

- 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.



HAMPSHIRE COLLEGE HEALTH & COUNSELING SERVICES

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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.*