HAMPSHIRE COLLEGE HEALTH & COUNSELING SERVICES



893 West Street, Amherst, MA 01002 PH (413) 559.5458

FX (413) 559.5583

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:

No Yes

Somalia

South Africa

Lanka Sudan

Suriname

Swaziland

Republic Tajikistan

Tanzania

Thailand

Togo

Tunisia

Tuvalu

Uruguay

Vanuatu

Venezuela

(Bolivarian

Viet Nam

Zimbabwe

Yemen

Zambia

Republic of)

Uzbekistan

Republic of)

Timor-Leste

Turkmenistan

Uganda Ukraine

(United

Syrian Arab

South Sudan Sri

- 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)

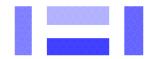
Afghanistan Comoros Namibia Iraq Algeria Congo Kazakhstan Nanrn Angola Côte d'Ivoire Kenva Nepal Anguilla Democratic People's Republic Kiribati New Caledonia Nicaragua Argentina of Korea Kuwait Niger Armenia Democratic Republic of the Kyrgyzstan Nigeria Azerbaijan Congo Lao People's Democratic Northern Mariana Islands Bangladesh Diibouti Republic Pakistan Belarus Dominican Republic Ecuador Latvia Palau Belize Lesotho El Salvador Panama Benin Equatorial Guinea Liberia Papua New Guinea Bhutan Eritrea Libya Paraguay Bolivia (Plurinational State of) Ethiopia Lithuania Peru Bosnia and Herzegovina Fiii Madagascar Philippines Botswana Gabon Malawi Portugal Brazil Gambia Malaysia Qatar Brunei Darussalam Georgia Maldives Republic of Korea Bulgaria Ghana Mali Republic of Moldova Burkina Faso Marshall Islands Greenland Romania Burundi Mauritania Guam Russian Federation Cabo Verde Mauritius Guatemala Rwanda Cambodia Guinea Mexico Sao Tome and Principe Cameroon Micronesia (Federated Guinea-Bissau Senegal Central African Republic Chad Guyana States of) Serbia Haiti Mongolia Sierra Leone Singapore China, Hong Kong SAR China, Honduras Montenegro Solomon Islands Macao SAR India Morocco Colombia Indonesia Mozambique Myanmar

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 undeserved, 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.



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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 indu	rration in horizontal diameter.	FIEL
	(If no induration, mark "0.")		ZTI
	*Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, st defer testing until you arrive at Hampshire College.	ich as Tine, Heaf, or Mono-vacc, not accepted. If unavailable please	SIDE
Ri	isk-based interpretation (see below)	Positive If positive, please complete Section III	REQUIRED IF RISKS IDENTIFIED
OR B.	Interferon Gamma Release Assay (IGRA)/ blood test		RED]
	Date Obtained: / / (specify met Result □ Negative □ Positive □ Intermediate	hod)	REQUI
ECTION	III CHEST X-RAY AND TREATMENT (Chest x-ray required**	within 12 months only if PPD or IGRA is positive)	REQUIRED IF PPD OR
Ш	Negative Date) IF
Tre	eatment (required for active tuberculosis, recommended for latent tuberculosis)		RED
	No Yes Date of treatment:		
	**If PPD or IGRA has been positive in the past but student was not treated for active o	DRUG, DOSE, AND FREQUENCY r latent TB, a chest x-ray is required within 12 months prior to enrollment.	REÇ
HFΔ	LTHCARE PROVIDER SIGNATURE REQUIRED		_
	ME (PRINT):	DATE:	D
ADD	DRESS:		IIRE
РНО			REQUIRED

*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. (<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.

>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.