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

LAST NAME, FIRST NAME:_________________________________________________ STUDENT ID#__________________

PROGRAM/REASON FOR TB TEST:__________________________________________

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  □ Yes □ No

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

Have you had frequent or prolonged visits* 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) □ Yes □ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? □ Yes □ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? □ Yes □ No

Have you ever 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? □ Yes □ No

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Part II. Clinical Assessment by Health Care Provider

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Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) □ Yes □ No

History of BCG vaccination? (If yes, consider IGRA if possible.) □ Yes □ No

History of chest x-ray to rule out tuberculosis? (If yes, when was it performed? Name of facility?) □ Yes □ No

History of taking medication for active tuberculosis disease or preventive treatment for TB infections? □ Yes □ No

(If yes, please specify which medication(s), how long they were taken, and when treatment was started and completed.)

1. TB Symptom Check

Does patient have any of the following signs or symptoms? □ Yes □ No

If yes, check below:

☑ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
☑ Coughing up blood (hemoptysis)
☑ Chest pain
☑ Loss of appetite
☑ Unexplained weight loss
☑ Night sweats
☑ Fever

Does anyone in patient’s household have any of the symptoms listed above? □ Yes □ No

If yes, please list symptoms:

2. Symptom Review Only

☐ (History of positive TST)

3. Tuberculin Skin Test (TST)

<table>
<thead>
<tr>
<th>Administration</th>
<th>TST- 1st Step</th>
<th>TST- 2nd Step</th>
<th>2nd-step not required</th>
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</thead>
<tbody>
<tr>
<td>Date &amp; Time administered</td>
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<td>Location</td>
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<td>PPD Lot # &amp; Expiration</td>
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<td>Signature of provider who</td>
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<td>administered test</td>
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<td>Results</td>
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<td>Date &amp; Time of reading</td>
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<td>Interpretation of reading</td>
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<td>Reader’s Signature</td>
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</table>
3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____  (specify method)  QFT-GIT  T-Spot  other____

M  D  Y

Result: negative___  positive___  indeterminate___  borderline___ (T-Spot only)

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

<table>
<thead>
<tr>
<th>Date Performed</th>
<th>Results</th>
<th>Facility</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>□Normal</td>
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<td></td>
<td>□Abnormal</td>
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</table>

Patient referred for possible prophylactic treatment  □Yes  □Yes, however, patient refused information  □No, reason not referred: __________________________________________________________

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

□ Infected with HIV
□ Recently infected with *M. tuberculosis* (within the past 2 years)
□ History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
□ Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
□ Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
□ Have had a gastrectomy or jejunoileal bypass
□ Weigh less than 90% of their ideal body weight
□ Cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student referred to TB Clinic (Public Health)
_____ Student referred to Primary Care Physician

Cleared for TB: □YES

□No, reason not cleared  __________________________________________________________

Providers signature: ___________________________________________ Date: _______________________

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