

San Jose City College
 2100 Moorpark Avenue, SC 109
 San Jose, CA 95128
 (408)288-3724
 Fax: (408)297-4865

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

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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

FOR PROVIDERS ONLY

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)

	TST- 1st Step	TST- 2nd Step <input type="checkbox"/> 2nd-step not required
Administration		
Date & Time administered		
Location	<input type="checkbox"/> L forearm <input type="checkbox"/> R forearm	<input type="checkbox"/> L forearm <input type="checkbox"/> R forearm
PPD Manufacture		
PPD Lot # & Expiration		
Signature of provider who administered test		
Results		
Date & Time of reading		
Measurement of induration	_____mm	_____mm
Interpretation of reading		
Reader's Signature		

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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)

Date Performed	
Results	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Facility	
Patient referred for possible prophylactic treatment	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, however, patient refused information <input type="checkbox"/> 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 jejunioileal 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:** _____