Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

Have you ever had a positive TB skin test? ☐ Yes ☐ No

Have you ever had close contact with anyone who was sick with TB? ☐ Yes ☐ No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country)
☐ Yes ☐ No

Have you ever traveled* to/in one or more of the countries listed below? (If yes, please CHECK the country/ies)
☐ Yes ☐ No

Have you ever been vaccinated with BCG? ☐ Yes ☐ No

Afghanistan  Cook Islands  Kazakhstan  Nigeria  Syrian Arab Republic
Algeria  Cote d’Ivoire  Kenya  Pakistan  Tajikistan
Angola  Croatia  Kiribati  Palau  Thailand
Argentina  Democratic People’s Republic of Korea  Kuwait  Panama  The former Yugoslav
Armenia  Democratic Republic of the Congo  Kyrgyzstan  Papa New Guinea  Republic of Macedonia
Azerbaijan  Djibouti  Lao People’s Democratic Republic  Paraguay  Timor-Leste
Bahrain  Dominican Republic  Latvia  Peru  Togo
Bangladesh  Ecuador  Lesotho  Philippines  Tonga
Belarus  El Salvador  Liberia  Poland  Trinidad and Tobago
Belize  Equatorial Guinea  Libyan Arab Jamahiriya  Portugal  Tunisia
Benin  Eritrea  Lithuania  Qatar  Turkey
Bhutan  Estonia  Madagascar  Republic of Korea  Turkmenistan
Bolivia  Ethiopia  Malawi  Republic of Moldova  Tuvalu
(Plurinational State of)  Gabon  Malaysia  Romania  Uganda
Botswana  Georgia  Maldives  Russia
Brazil  Ghana  Mali  United Republic of Tanzania
Brunei Darussalam  Guinea  Marshall Islands  Vanuatu
Bulgaria  Guinea-Bissau  Mauritania  Venezuela (Bolivarian Republic of)
Burkina Faso  Guyana  Mauritius  Viet Nam
Burundi  Haiti  Micronesia (Federated States of)  Principe
Cameroon  Honduras  Mongolia  Senegal
Cape Verde  India  Montenegro  Serbia
Central African Republic  Indonesia  Morocco  Seychelles
Chad  Iraq  Mozambique  Sierra Leone
China  Japan  Myanmar  Singapore
Columbia  Niger  Somalia
Comoros  Nigeria  South Africa
Congo  Syrian Arab Republic  Sri Lanka

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population

If the answer is YES to any of the above questions, Westmont College Requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior the start of classes).

If the answer to all of the above questions is NO, no further testing or further action is required.
Tuberculosis (TB) Risk Assessment

Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Risk Factor

Recent close contact with someone with infectious TB disease □ Yes □ No
Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America) □ Yes □ No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease □ Yes □ No
HIV/AIDS □ Yes □ No
Organ transplant recipient □ Yes □ No
Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-α antagonist) □ Yes □ No
History of illicit drug use □ Yes □ No
Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities) □ Yes □ No
Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)] □ Yes □ No

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____
If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)
(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.**

Date Given: _____/____/_____ Date Read: _____/____/_____ M D Y M D Y
Result: ________ mm of induration
**Interpretation: positive___ negative___

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____/____/____ (specify method) QFT-G QFT-GIT T-Spot other_____ M D Y
Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: _____/____/____ (specify method) QFT-G 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 of chest x-ray: _____/____/_____ Result: normal___ abnormal___ M D Y

HEALTH CARE PROVIDER

Name________________________ Signature________________________

Address________________________ Phone (_______)________________________
**Interpretation guidelines**

>5 mm is positive:
  - Recent close contacts of an individual with infectious TB
  - Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
  - Organ transplant recipients
  - Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist
  - Persons with HIV/AIDS

>10 mm is positive:
  - Persons born in a high prevalence country or who resided in one for a significant* amount of time
  - History of illicit drug use
  - Mycobacteriology laboratory personnel
  - History of resident, worker, or volunteer in high-risk congregate settings
  - Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

result: ________ mm

*Signification of the exposure should be discussed with a health care provider and evaluated.

>15 mm is positive:
  - Persons with no known risk factors for TB disease

**Interpretation: positive_____ negative_____