Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

1. Have you ever had a positive TB skin test? Yes  No
2. Have you ever had close contact with anyone who was sick with TB? Yes  No
3. 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
4. Have you ever traveled** to/in one or more of the countries listed below? (If yes, please CHECK the country/ies) Yes  No
5. Have you ever been vaccinated with BCG? Yes  No

*Future CDC updates may eliminate the 5 year time frame

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

Afghanistan  Congo DR  Kenya  New Caledonia  Sri Lanka
Algeria  Cote d’Ivoire  Kiribati  Nicaragua  Sudan
Angola  Croatia  Korea-DPR  Niger  Suriname
Anguilla  Djibouti  Korea-Republic  Nigeria  Syrian Arab Republic
Argentina  Dominican Republic  Kuwait  Niue  Swaziland
Armenia  Ecuador  Kyrgyzstan  N. Mariana Islands  Tajikistan
Azerbaijan  Egypt  Lao PDR  Pakistan  Tanzania-UR
Bahamas  El Salvador  Latvia  Palau  Thailand
Bahrain  Equatorial Guinea  Lesotho  Panama  Timor-Leste
Bangladesh  Eritrea  Liberia  Papua New Guinea  Togo
Belarus  Estonia  Lithuania  Paraguay  Tokelau
Belize  Ethiopia  Macedonia-TFYR  Peru  Tonga
Benin  Fiji  Madagascar  Philippines  Tunisia
Bhutan  French Polynesia  Malawi  Poland  Turkey
Bolivia  Gabon  Malaysia  Portugal  Turkmenistan
Bosnia & Herzegovina  Gambia  Maldives  Qatar  Tuvalu
Botsswana  Georgia  Mali  Romania  Uganda
Brazil  Ghana  Marshall Islands  Russian Federation  Ukraine
Brunei Darussalam  Guam  Mauritania  Rwanda  Uruguay
Bulgaria  Guatemala  Mauritius  St. Vincent & Grenadines  Uzbekistan
Burkina Faso  Guinea  Mexico  The Grenadines  Vanuatu
Burundi  Guinea-Bissau  Micronesia  Sao Tome & Principe  Venezuela
Cambodia  Guyana  Moldova-Rep.  Saudi Arabia  Viet Nam
Cameroon  Haiti  Mongolia  Senegal  Wallis & Futuna Islands
Cape Verde  Honduras  Montenegro  Seychelles  W. Bank & Gaza Strip
Central African Rep.  India  Morocco  Sierra Leone  Yemen
Chad  Indonesia  Mozambique  Singapore  Zambia
China  Iran  Myanmar  Solomon Islands  Zimbabwe
Colombia  Iraq  Namibia  Somalia  
Comoros  Japan  Nauru  South Africa  
Congo  Kazakhstan  Nepal  Spain

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

☐ Low risk- if answers to all questions are NO, no further testing or further action required.

☐ High risk- if answer YES to any of the above questions, St. Augustine’s University requires that a health care provider complete a tuberculosis risk assessment (on back or attached) prior to start of classes.

Health Care Provider Signature ______________________________ Date _____________

Rev. 8/1/12
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:

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Recent close contact with someone with infectious TB disease</td>
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<td>Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)</td>
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<td>Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease</td>
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<td>HIV/AIDS</td>
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<td>Organ transplant recipient</td>
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<td>Immunosuppressed (equivalent of &gt; 15 mg/day of prednisone for &gt;1 month or TNF-α antagonist)</td>
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<td>History of illicit drug use</td>
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<td>Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)</td>
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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)]

*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.  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____