### Tuberculosis (TB) Screening Questionnaire

**Questionnaire — Student**

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 US within the past 5 years?* (if yes, CIRCLE the country)  
   - [ ] Yes  
   - [ ] No

4. Have you ever travelled** to/in one or more of the countries listed below?  
   - [ ] Yes  
   - [ ] No

5. Have you ever been vaccinated with BCG?  
   - [ ] Yes  
   - [ ] No

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*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

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<tr>
<th>Afghanistan</th>
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<th>Japan</th>
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Tuberculosis (TB) Risk Assessment

**This assessment is being administered in compliance with the ADHS TB program and TB Prevention and Control Plan regulations.**

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 Assessment — Student**

1. Recent close contact with someone with infectious TB disease
   - Yes
   - No

2. Foreign-born from (or travel* to/in) a high prevalence area (i.e. Africa, Asia, Eastern Europe, or Central or South America)
   - Yes
   - No

3. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease
   - Yes
   - No

4. HIV / AIDS
   - Yes
   - No

5. Organ transplant recipient
   - Yes
   - No

6. Immunosuppressed (equivalent of >15mg/day of prednisone or >1 month or TNF-α antagonist)
   - Yes
   - No

7. History of illicit drug use
   - Yes
   - No

8. Resident, employee or volunteer in a high-risk congregate setting (i.e. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)
   - Yes
   - No

9. Medical condition associated with increased risk of progressing of TB disease if infected (i.e. 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*

This data is confidential and released to/kept by University health officials only.

*Please note that the University's Health Office may contact you for more information regarding the completion of this form.*

<table>
<thead>
<tr>
<th>Student's Name (please print)</th>
<th>ID#</th>
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<tbody>
<tr>
<td>Student's Signature</td>
<td>Date</td>
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</table>

Student form completion stops here. Question below is answered by the University health official.

**Risk Factor Assessment — University Health Official Use Only**

Does the student have signs or symptoms of active tuberculosis disease?
   - Yes
   - No

<table>
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<tr>
<th>Nurse's Name (please print)</th>
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*Updated July 28, 2017*
**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: ____/____/____

Result: ________ mm of induration  **Interpretation: positive____ negative____

Date Given: ____/____/____  Date Read: ____/____/____

Result: ________ mm of induration  **Interpretation: positive____ negative____

**Interferon Gamma Release Assay (IGRA)**

Date Obtained: _____/_____/_____ (specify method) QFT-G QFT-GIT T-Spot other_____

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

Date Obtained: _____/_____/_____ (specify method) QFT-G QFT-GIT T-Spot other_____

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

**Chest X-ray: (required if TST or IGRA is positive)**

Date of chest x-ray: ____/____/____  Result: normal____ abnormal____

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

**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-a 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

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