

Tuberculosis (TB) Screening Questionnaire

Questionnaire – Student

Please answer the following questions:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Have you ever had a positive TB skin test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever had close contact with anyone who was sick with TB? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever travelled** to/in one or more of the countries listed below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever been vaccinated with BCG? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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	Japan	Nicaragua	Suriname
Algeria	Cook Islands	Kazakhstan	Niger	Swaziland
Angola	Côte d'Ivoire	Kenya	Nigeria	Syrian Arab Republic
Argentina	Croatia	Kiribati	Pakistan	Tajikistan
Armenia	Democratic People's Republic of Korea	Kuwait	Palau	Thailand
Azerbaijan	Democratic Republic of the Congo	Kyrgyzstan	Panama	The former Yugoslav Republic of Macedonia
Bahrain		Lao People's Democratic Republic	Papua New Guinea	Timor-Leste
Bangladesh	Djibouti	Latvia	Paraguay	Togo
Belarus	Dominican Republic	Lesotho	Peru	Tonga
Belize	Ecuador	Liberia	Philippines	Trinidad and Tobago
Benin	El Salvador	Libyan Arab Jamahiriya	Poland	Tunisia
Bhutan	Equatorial Guinea	Lithuania	Portugal	Turkey
Bolivia (Plurinational State of)	Eritrea	Madagascar	Qatar	Turkmenistan
Bosnia and Herzegovina	Estonia	Malawi	Republic of Korea	Tuvalu
Botswana	Ethiopia	Malaysia	Republic of Moldova	Uganda
Brazil	French Polynesia	Maldives	Romania	Ukraine
Brunei Darussalam	Gabon	Mali	Russian Federation	United Republic of Tanzania
Bulgaria	Gambia	Marshall Islands	Rwanda	
Burkina Faso	Georgia	Mauritania	Saint Vincent and the Grenadines	Uruguay
Burundi	Ghana	Mauritius	Sao Tome and Principe	Uzbekistan
Cambodia	Guam	Micronesia (Federated States of)	Senegal	Vanuatu
Cameroon	Guatemala	Mongolia	Serbia	Venezuela (Bolivarian Republic of)
Cape Verde	Guinea	Montenegro	Seychelles	
Central African Republic	Guinea-Bissau	Morocco	Sierra Leone	Viet Nam
Chad	Guyana	Mozambique	Singapore	Yemen
China	Haiti	Myanmar	Solomon Islands	Zambia
Colombia	Honduras	Namibia	Somalia	Zimbabwe
Comoros	India	Nepal	South Africa	
	Indonesia		Sri Lanka	
	Iraq		Sudan	

Analysis

If the answer is YES to any of the above questions, Ottawa University requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior to 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

This assessment is being administered in compliance with the ADHS TB program a 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Foreign-born from (or travel* to/in) a high prevalence area (i.e. Africa, Asia, Eastern Europe, or Central or South America) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. HIV / AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Organ transplant recipient | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Immunosuppressed (equivalent of >15mg/day of prednisone or >1 month or TNF-a antagonist) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. History of illicit drug use | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

Student's Name (please print) _____ ID# _____

Student's Signature _____ Date _____ Cell Phone Number _____

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

Nurse's Name (please print) _____

Nurse's Signature _____ Date _____

Tuberculosis (TB) Positive Results Worksheet

To be completed by a medical professional.

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: ___/___/___
M D Y

Date Read: ___/___/___
M D Y

Result: _____ mm of induration

**Interpretation: positive___ negative___

Date Given: ___/___/___
M D Y

Date Read: ___/___/___
M D Y

Result: _____ mm of induration

**Interpretation: positive___ negative___

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)

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

Date of chest x-ray: ___/___/___
M D Y

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