Middle Tennessee State University

Tuberculosis Screening

Part I Tuberculosis (TB) Screening Questionnaire (student please circle YES or NO)

Have you ever had close contact with persons known or suspected to have active TB disease? YES NO

Were you born or live in one of the regions listed below that have a higher incidence of TB? YES NO

Africa, Asia, Central and South America, Eastern Europe or Portugal, Middle East

Country of current residence ______________________________

Have you had frequent or prolonged visits to one or more of the regions listed above? YES NO

Have you been a resident and/or employee of high-risk congregate settings? YES NO

(e.g. correctional facilities, long-term care facilities, and homeless shelters)

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 use illicit drugs or excessive alcohol? YES NO

If the answer to ALL of the above questions is NO, no further action is required. Please sign below

________________________                        ____________
Student Signature Date

If the answer is YES to any of the above questions, MTSU requires Interferon Gamma Assay (IGRA) TB testing. Testing may be completed anytime in the window of 6 months before matriculation if available. If not available at student’s current location, testing must be completed at MTSU or other facility within 30 days of matriculation. Tb skin testing is not accepted as a substitute for IGRA testing.

PART II Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I require IGRA testing, unless a previous positive test has been documented. (please circle)

Is there history of a previous POSITIVE IGRA test? YES NO

(If yes, please attach)
Student Name: ___________________________  M# (MTSU internal use) ___________________________

Is there history of a positive tuberculin skin test?  YES  NO

Is there a past history of ACTIVE tuberculosis infection for this student?  YES  NO

Is there a history of LATENT tuberculosis treated with medication?  YES  NO
(e.g. was a positive skin test or IGRA test with negative chest x-ray treated with Isoniazid or other anti-tubercular medication?)

1. Tuberculosis Symptom Evaluation
Does the student currently have signs or symptoms of active pulmonary tuberculosis disease?  YES  NO

IF NO, PROCEED TO 2. BELOW

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

Proceed with additional evaluation to exclude active tuberculosis disease including immediate testing, chest x-ray and sputum evaluation as indicated.

2. Interferon Gamma Release Assay (IGRA): Quantiferon (QFT-GIT) or T-Spot
Check either A or B below:
_____A. Unable to test prior to matriculation, will test at MTSU within 30 days
_____B. Test performed (within 6 months of start date for MTSU)  Date Obtained: __________________

Method: Quantiferon  TSpot (please circle which test performed)

Result:  Negative ______  Positive ______  Indeterminate ______  Borderline (T-Spot only) ______

PLEASE ATTACH COPY OF IGRA LAB RESULTS (IF PERFORMED)

IF TESTING PERFORMED AND RESULTS POSITIVE WILL NEED TO UNDERGO CHEST XRAY WITHIN 30 DAYS OF MATRICULATION AT MTSU STUDENT HEALTH

FOR INDETERMINATE OR BORDERLINE IGRA RESULTS WILL NEED TO REPEAT IGRA TESTING WITHIN 30 DAYS OF MATRICULATION AT MTSU STUDENT HEALTH

_________________________________________________________  __________________________
Health Care Professional Signature  Date

Office Stamp: (if available)