

## Tool for Institutional Use to be Completed by Incoming Students 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

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

Source: World Health Organization Global Tuberculosis Control, WHO Report 2007, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to [www.who.int/globalatlas/dataQuery/default.asp](http://www.who.int/globalatlas/dataQuery/default.asp)

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

## Tool for Use by Health Care Provider in the Clinical Setting

### **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- $\alpha$  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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M   D   Y

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M   D   Y

Result: \_\_\_\_\_ mm of induration    \*\*Interpretation: positive\_\_\_\_ negative\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M#: \_\_\_\_\_

**3. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-G QFT-GIT other\_\_\_\_  
M D Y

Result: Negative\_\_\_ Positive\_\_\_ Intermediate\_\_\_

**4. Chest x-ray: (Required if TST or IGRA is positive)**

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal\_\_\_ abnormal\_\_\_  
M D Y

**Medical Provider Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**\*\*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- $\alpha$  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

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

MTSU Student Health Services  
Pat Spangler, D.O.-Medical Director  
P.O. Box 237  
Murfreesboro, TN 37132  
Phone: (615)-898-2988  
Fax: (615)-898-5004