



TUBERCULOSIS SCREENING FORM

- **THIS FORM IS REQUIRED FOR ALL INCOMING STUDENTS.**
- **Part I** is required and must be completed by student.
- **Part II** is required **only if TB test is necessary**. Must be completed by and signed by healthcare provider who is not a family member.
- Submit form to Health Services by July 15 for fall term, and by January 15 for spring term.
- Form may be submitted in hard copy or faxed from healthcare provider's office.

Legal Name _____ Date of Birth _____ / _____ / _____
Last First Middle Initial Month Day Year

Chosen Name (if different) _____

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming student)

- | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------------|---------------------------------|--------------|------------|----------|------------|-----------|------------|-------|---------|------------|---------|---------------|---------|----------|----------|-------|---------|---------------------------------|--------|-----------|----------|--------|----------|------------|------------------|---------|----------|-------|------|------------|--------------------------|------------|-------------|----------|------|---------|--------------------|--------|-------|---------|--------------|----------|-------|--------|---------|--|-----------|--------|--|--|-----|----|
| 1. Have you ever had close contact with persons known or suspected to have active TB disease? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (if yes, please CIRCLE the country below) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%; font-size: small;"> <tr> <td>Angola</td> <td>DR Congo</td> <td>Moldova, Republic of</td> <td>South Africa</td> </tr> <tr> <td>Azerbaijan</td> <td>Ethiopia</td> <td>Mozambique</td> <td>Swaziland</td> </tr> <tr> <td>Bangladesh</td> <td>Ghana</td> <td>Myanmar</td> <td>Tajikistan</td> </tr> <tr> <td>Belarus</td> <td>Guinea-Bissau</td> <td>Namibia</td> <td>Thailand</td> </tr> <tr> <td>Botswana</td> <td>India</td> <td>Nigeria</td> <td>The United Republic of Tanzania</td> </tr> <tr> <td>Brazil</td> <td>Indonesia</td> <td>Pakistan</td> <td>Uganda</td> </tr> <tr> <td>Cambodia</td> <td>Kazakhstan</td> <td>Papua New Guinea</td> <td>Ukraine</td> </tr> <tr> <td>Cameroon</td> <td>Kenya</td> <td>Peru</td> <td>Uzbekistan</td> </tr> <tr> <td>Central African Republic</td> <td>Kyrgyzstan</td> <td>Philippines</td> <td>Viet Nam</td> </tr> <tr> <td>Chad</td> <td>Lesotho</td> <td>Russian Federation</td> <td>Zambia</td> </tr> <tr> <td>China</td> <td>Liberia</td> <td>Sierra Leone</td> <td>Zimbabwe</td> </tr> <tr> <td>Congo</td> <td>Malawi</td> <td>Somalia</td> <td></td> </tr> <tr> <td>DPR Korea</td> <td>Mexico</td> <td></td> <td></td> </tr> </table> <p><i>Sources: Stop TB Partnership, www.stoptb.org/countries/tbdata.asp, CDC</i></p> | Angola | DR Congo | Moldova, Republic of | South Africa | Azerbaijan | Ethiopia | Mozambique | Swaziland | Bangladesh | Ghana | Myanmar | Tajikistan | Belarus | Guinea-Bissau | Namibia | Thailand | Botswana | India | Nigeria | The United Republic of Tanzania | Brazil | Indonesia | Pakistan | Uganda | Cambodia | Kazakhstan | Papua New Guinea | Ukraine | Cameroon | Kenya | Peru | Uzbekistan | Central African Republic | Kyrgyzstan | Philippines | Viet Nam | Chad | Lesotho | Russian Federation | Zambia | China | Liberia | Sierra Leone | Zimbabwe | Congo | Malawi | Somalia | | DPR Korea | Mexico | | | Yes | No |
| Angola | DR Congo | Moldova, Republic of | South Africa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Azerbaijan | Ethiopia | Mozambique | Swaziland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bangladesh | Ghana | Myanmar | Tajikistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Belarus | Guinea-Bissau | Namibia | Thailand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Botswana | India | Nigeria | The United Republic of Tanzania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brazil | Indonesia | Pakistan | Uganda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cambodia | Kazakhstan | Papua New Guinea | Ukraine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cameroon | Kenya | Peru | Uzbekistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Central African Republic | Kyrgyzstan | Philippines | Viet Nam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chad | Lesotho | Russian Federation | Zambia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| China | Liberia | Sierra Leone | Zimbabwe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Congo | Malawi | Somalia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DPR Korea | Mexico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Have you had a frequent or prolonged visit, or a visit of more than two weeks to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes , place a CHECK next to the countries or territories listed above in which you have spent more than two weeks). | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Have you been a resident and/or employee of high-risk congregate settings (e.g. correctional facilities, long-term care facilities, and/or homeless shelters)? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- If the answer to any of the above questions is **YES**, Hampshire College requires that you receive TB testing. **See Page 2.**
- If the answer to all of the above questions is **NO**, no further action is required.

TUBERCULOSIS SCREENING FORM

Part II: Tuberculosis (TB) Testing and Treatment (to be completed by healthcare provider)

Section 1—Medical evaluation of college and university students for latent tuberculosis infection

(all tuberculin skin testing must be done within the United States or Canada)

A. TUBERCULIN SKIN TEST* (within 6 months prior to entrance) Date Administered ____ / ____ / ____

Result (48-72 hours) _____ mm of induration in horizontal diameter. (If no induration, mark "0")

**Use 5 TU Mantoux test (Intermediate PPD) only. Results of multiple puncture tests, such as Tine, Heaf, or Mono-vacc are not accepted. If this test is not available, please defer testing until you arrive at Hampshire College.*

Risk-based interpretation** (see below) Negative Positive (If positive, complete Section 2 below)

OR

B. Interferon Gamma Release Assay (IGRA)/blood test Date Obtained ____ / ____ / ____

Specify method: QFT-G QFT-GIT Other _____

Result: Negative Positive Intermediate **NOTE: Please include a copy of lab result.**

Section 2—Chest x-ray and treatment (Chest x-ray required* within 12 months only if PPD or IGRA is positive)

Negative Positive Date of x-ray ____ / ____ / ____

Treatment administered (required for active tuberculosis; recommended for latent tuberculosis infection)

No Yes Date of treatment ____ / ____ / ____ Drug, dose, & frequency _____

**If PPD or IGRA has been positive in the past but student was not treated for active or latent TB, a chest x-ray is required within 12 months prior to enrollment.*

****Risk-based interpretation guidelines**

>5mm is positive

- recent close contact of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15mg/d of prednisone for >1 month)
- HIV-infected persons

>10mm is positive

- recent arrivals to U.S. (<5 years) from high prevalence areas or who resided in one for a significant amount of time (significance of travel exposure should be discussed with healthcare provider and evaluated)
- Injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings

>15mm is positive

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested

HEALTHCARE PROVIDER INFORMATION (SIGNATURE REQUIRED)

PROVIDER NAME (PRINT) _____

ADDRESS _____

PHONE _____ FAX _____

PROVIDER SIGNATURE _____ DATE _____