

Tuberculosis (TB) Screening (Not valid without Provider signature)

Attach copy of chest x-ray or treatment plan if applicable

Date of Birth: ____/____/____

Last Name: _____ First Name _____ Middle Initial _____

TEST RESULTS – Select One

- TB Screening Questionnaire has been completed and reviewed.
 - (See Attached Form 4)
- No risk factors were identified and the Tuberculin Skin Test was not performed.
- A risk factor has been identified and the Tuberculin Skin Test or IGRA was performed.
- Received BCG vaccine in childhood.

IGRA (Interferon Gamma Release Assay)

(Recommended if received BCG vaccine)

Date obtained ____/____/____

Result: Positive _____

Negative _____

PPD (Mantoux) Placed: ____/____/____

PPD (Mantoux) Read: ____/____/____

Result: _____ (in mm)

POSITIVE TUBERCULIN SKIN TEST RESULT

If Tuberculin Skin Test is Positive, now or previously, complete the following requirements:

Classification of the TB Skin Test Reaction

Date of Positive PPD: ____/____/____

Chest X-ray:

Attach copy of report

- Normal
- Abnormal

Result: _____

Provider Name (PRINT): _____

Provider Signature: _____

Address: _____

Phone: _____

Fax: _____

- An **induration of 5 or more millimeters** is considered positive in
 - HIV infected persons
 - A recent contact of a person with TB disease
 - Persons with fibrotic changes on chest radiograph consistent with prior TB
 - Patients with organ transplants
 - Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of >15 mg/day of prednisone for 1 month or longer, taking TNF- α antagonists)
- An **induration of 10 or more millimeters** is positive in
 - Recent immigrants (<5years) from high prevalence countries
 - Injection drug users
 - Residents and employees of high risk congregate settings
 - Mycobacteriology laboratory personnel
 - Persons with clinical conditions that place them at high risk
 - Children <4 years of age
 - Infants, children and adolescents exposed to adults in high risk categories

Tuberculosis (TB) Screening Questionnaire (To be completed by Student)

Please answer the following questions:

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

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) Yes No

Afghanistan	Comoros	Iraq	Namibia	Somalia
Algeria	Congo	Kazakhstan	Nauru	South Africa
Angola	Côte d'Ivoire	Kenya	Nepal	South Sudan
Anguilla	Democratic People's Republic of Korea	Kiribati	New Caledonia	Sri Lanka
Argentina	Democratic Republic of the Congo	Kuwait	Nicaragua	Sudan
Armenia	Djibouti	Kyrgyzstan	Niger	Suriname
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Nigeria	Swaziland
Bangladesh	Ecuador	Latvia	Northern Mariana Islands	Syrian Arab Republic
Belarus	El Salvador	Lesotho	Pakistan	Tajikistan
Belize	Equatorial Guinea	Liberia	Palau	Tanzania (United Republic of)
Benin	Eritrea	Libya	Panama	Thailand
Bhutan	Ethiopia	Lithuania	Papua New Guinea	Timor-Leste
Bolivia (Plurinational State of)	Fiji	Madagascar	Paraguay	Togo
Bosnia and Herzegovina	Gabon	Malawi	Peru	Tunisia
Botswana	Gambia	Malaysia	Philippines	Turkmenistan
Brazil	Georgia	Maldives	Portugal	Tuvalu
Brunei Darussalam	Ghana	Mali	Qatar	Uganda
Bulgaria	Greenland	Marshall Islands	Republic of Korea	Ukraine
Burkina Faso	Guam	Mauritania	Republic of Moldova	Uruguay
Burundi	Guatemala	Mauritius	Romania	Uzbekistan
Cabo Verde	Guinea	Mexico	Russian Federation	Vanuatu
Cambodia	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Venezuela (Bolivarian Republic of)
Cameroon	Guyana	Mongolia	Sao Tome and Principe	Viet Nam
Central African Republic	Haiti	Montenegro	Senegal	Yemen
Chad	Honduras	Morocco	Serbia	Zambia
China	India	Mozambique	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Indonesia	Myanmar	Singapore	
China, Macao SAR			Solomon Islands	
Colombia				

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 populations.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

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 abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, RISD requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

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

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