## Tuberculosis (TB) Screening Questionnaire

To be completed by student

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of birth (MM/DD/YY)</th>
<th>Student ID number</th>
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Please answer the following questions:

1. Have you ever had a positive TB skin test? □ Yes □ No
2. Have you ever had close contact with anyone who was sick with TB? □ Yes □ No
3. 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
4. Have you ever traveled* to/in one or more of the countries listed below? (If yes, please CHECK the country/ies)
   □ Yes □ No
5. Have you ever been vaccinated with BCG? □ Yes □ No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata/?vid=510

If the answer is YES to any of the above questions, Elon 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, please submit to Elon Student Health.
Tuberculosis (TB) Risk Assessment
To be completed by health care provider in clinical setting

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:

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent close contact with someone with infectious TB disease</td>
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<tr>
<td>Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)</td>
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<td>Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Organ transplant recipient</td>
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<tr>
<td>Immunosuppressed (equivalent of &gt; 15 mg/day of prednisone for &gt;1 month or TNF-α antagonist)</td>
<td></td>
<td></td>
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<tr>
<td>History of illicit drug use</td>
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</tbody>
</table>

* 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 yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated. If no signs of ACTIVE TB, no further actions are required other than signing below.

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: ___/___/___ Date Read: ___/___/___
   Result: _____ mm of induration **Interpretation: positive ___ negative ___
   
   Date Given: ___/___/___ Date Read: ___/___/___
   Result: _____ mm of induration **Interpretation: positive ___ negative ___

3. Interferon Gamma Release Assay (IGRA)
   Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT T-Spot other ___
   Result: negative ___ positive ___ indeterminate ___ borderline ___ (T-Spot only)
   
   Date Obtained: ___/___/___ (specify method) QFT-G QFT-GIT T-Spot other ___
   Result: negative ___ positive ___ indeterminate ___ borderline ___ (T-Spot only)
4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: __/__/__  
Result: normal____  abnormal____

M  D  Y

5. Plan of care

Provider Signature/Stamp: __________________________________________________________________________

DATE:_____________________________________

**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-α 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.