



Health Services at Wellesley College provided by Newton-Wellesley Collegiate Health

NEW STUDENT TUBERCULOSIS SCREENING QUESTIONNAIRE

To be completed by all students and signed by clinician

Student Name _____

DOB (mm/dd/yy) _____ Anticipated Graduation Year _____

STEP 1: GENERAL QUESTIONS (completed by student)

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/territories listed below (with high incidence of active TB)? (If yes, please circle the country)	Yes	No
Have you arrived in the U.S. within the past 5 years from one of the countries/territories listed? (circle)	Yes	No
Have you had frequent or prolonged visits (>1 month) to any of the countries/territories listed? (circle)	Yes	No
Have you been a volunteer/resident/employee of a high-risk congregate setting (correctional facility, homeless shelter, long-term care facility)?	Yes	No
Have you been a health care worker/volunteer serving clients at increased risk for active TB disease?	Yes	No
Have you ever been a member to any of the following groups (with increased incidence of latent or active TB)? i.e. medically underserved, low-income, abusing drugs or alcohol	Yes	No
<i>See list of high risk countries on next page</i>		



Countries/Territories with high incidence active TB

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

- **If the answer to all of the above questions is NO, NO FURTHER TESTING IS REQUIRED.**
 - Have your clinician review and sign the last page of this form

- **If the answer is YES to any of the above questions, Wellesley College requires that you receive TB testing prior to start of the semester.**
 - Go to STEP TWO and have your physician complete the Clinical Assessment, with additional testing and/or documentation as needed



STEP 2: CLINICAL ASSESSMENT (completed by health care provider)

- Clinicians should review and verify the information in Part 1 (General Questions)
- Students answering YES to any questions in Part 1 are candidates for Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) *unless previous positive test has been documented*

History of BCG Vaccination?	Yes	No	If yes, consider IGRA
History of positive TST or IGRA?	Yes	No	If yes, document history/treatment provided

A. TB SYMPTOM CHECK

Does the student have signs or symptoms of active pulmonary tuberculosis disease?

NO (complete Step B or C)

YES (answer questions below)

Check relevant symptoms below if yes answer in Section A

- 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

- **If symptom screen positive, proceed with additional evaluation to exclude active tuberculosis including CXR (PA/Lateral) and sputum evaluation as indicated.**

B. COMPLETE IGRA

Date Obtained (mm/dd/yy): _____

Method: **QuantiFERON-Gold** **T-Spot**

Result: **POSITIVE** **INDETERMINATE** **N/A**
 NEGATIVE **BORDERLINE** (T-SPOT ONLY)



C. COMPLETE TST

Date Given (mm/dd/yy): _____ Date Read (mm/dd/yy): _____

Result (mm induration): _____ (if no induration, write "0")

Interpretation: **POSITIVE** **NEGATIVE** **N/A**

TST interpretation guidelines: *Interpret results based on mm induration as well as clinical risk factors, below)

>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 (including taking equivalent of > 15 mg/d of prednisone for 1 month; 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, resident/employee/ 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 who, except for certain testing programs required by law or regulation, would otherwise not be tested.

➤ If TST or IGRA is POSITIVE, CHEST X-RAY IS REQUIRED

- Go to Step 3

STEP 3: MANAGEMENT OF POSITIVE IGRA OR TST (completed by healthcare provider)

A. Obtain Chest X-ray (single PA view indicated in absence of symptoms)

Date of Chest X-ray (mm/dd/yy): _____

Result: **NORMAL** **ABNORMAL (specify)** **N/A**



B. Consideration of treatment for LTBI

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB.

Students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible

- Infected with HIV
- Recently infected with M. tuberculosis (within past 2 years)
- History of untreated/inadequately treated TB disease, including persons with fibrotic changes on CXR consistent with prior TB disease
- Receiving immunosuppressive therapy such as TNF-alpha antagonists, systemic corticosteroids (equivalent to/greater than 15 mg prednisone per day), or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, cancer of head/neck/lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of ideal body weight
- Cigarette and e-cigarette smokers and persons who abuse drugs/alcohol

If applicable:

- Date of Treatment for LTBI: _____
- Medication and Dose: _____

STEP 4: Clinician Signature

Provider's Name _____ (M.D./P.A./N.P.)

Provider's Signature _____ **Date** _____ **Time** _____

Provider's address, Phone Number, Fax Number: