Please describe any significant illnesses, injuries, or hospitalizations in this patient’s past history. Please comment on any physical or emotional problems that the health service should be aware of regarding this patient, including past history, medications, and current treatments. Provide copies of clinical records for continuity of care.

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>DESCRIBE ABNORMALITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN, LYMPH NODES</td>
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<tr>
<td>HEAD, NOSE, SINUSES</td>
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<tr>
<td>MOUTH, TEETH, GINGIVA</td>
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<tr>
<td>EARS (CANALS, DRUMS)</td>
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<tr>
<td>HEARING</td>
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<tr>
<td>EYES (SEE ABOVE)</td>
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<tr>
<td>THROAT, THYROID</td>
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<tr>
<td>LUNGS, CHEST</td>
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<tr>
<td>HEART</td>
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<tr>
<td>BREASTS</td>
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<tr>
<td>BACK</td>
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<tr>
<td>ABDOMEN</td>
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<tr>
<td>PELVIC (IF INDICATED)</td>
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<td></td>
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<tr>
<td>EXTREMITIES, JOINTS</td>
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<tr>
<td>NEURO</td>
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</tr>
</tbody>
</table>

**RECOMMENDATION FOR PHYSICAL EDUCATION AND ACTIVITY:**

UNLIMITED ☐ LIMITED ☐ EXPLAIN:

---

**CLINICIAN’S NAME** (Not parent clinician) ☐

**CLINICIAN’S SIGNATURE** (M.D., N.P., PA) ☐

**TODAY’S DATE** ☐

---

**ADDRESS** ☐

**TELEPHONE NO.** ☐

**FAX NO.** ☐

---

Wellesley College Health Service  106 Central Street, Wellesley, MA 02481  Tel 781.283.2810  Fax 781.283.3693  www.wellesley.edu/healthservice

Summer Clinic Hours Mon, Wed & Fri 10am-2pm
**Step 1**

**TUBERCULOSIS SCREENING QUESTIONNAIRE**

For completion by all students.

**Student's Name: DOB (MM/DD/YY) YES NO**

1. Have you ever had a positive TB skin test? [ ] [ ]

2. Have you ever had close contact with anyone who was sick with TB? [ ] [ ]

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)

   - Afghanistan
   - Albania
   - Algeria
   - American Samoa
   - Andorra
   - Angola
   - Antigua and Barbuda
   - Argentina
   - Armenia
   - Aruba
   - Australia
   - Austria
   - Azerbaijan
   - Barbados
   - Bangladesh
   - Bahamas
   - Bahrain
   - Bangladesh
   - Barbados
   - Belarus
   - Belgium
   - Belize
   - Benin
   - Bermuda
   - Bhutan
   - Bolivia (Plurinational State of)
   - Bonnair, Saint Eustatius and Saba
   - Bosnia and Herzegovina
   - Botswana
   - Brazil
   - British Virgin Islands
   - Brunei Darussalam
   - Bulgaria
   - Burkina Faso
   - Burundi
   - Cambodia
   - Cameroon
   - Canada
   - Cape Verde
   - Cayman Islands
   - Central African Republic
   - Chad
   - Chile
   - China
   - China, Hong Kong SAR
   - Costa Rica
   - Cuba
   - Curaçao
   - Cyprus
   - Czech Republic
   - Democratic People's Republic of Korea
   - Denmark
   - Djibouti
   - Dominican Republic
   - Ecuador
   - Egypt
   - El Salvador
   - Equatorial Guinea
   - Eritrea
   - Estonia
   - Ethiopia
   - Fiji
   - Finland
   - France
   - French Polynesia
   - Gabon
   - Gambia
   - Georgia
   - Germany
   - Ghana
   - Greece
   - Greenland
   - Grenada
   - Guatemala
   - Guinea
   - Guinea-Bissau
   - Hungary
   - Iceland
   - India
   - Indonesia
   - Iran (Islamic Republic of)
   - Iraq
   - Ireland
   - Israel
   - Italy
   - Jamaica
   - Japan
   - Jordan
   - Kazakhstan
   - Kenya
   - Kiribati
   - Kuwait
   - Kyrgyzstan
   - Lao People's Democratic Republic
   - Latvia
   - Lebanon
   - Lesotho
   - Liberia
   - Libya
   - Lithuania
   - Luxembourg
   - Madagascar
   - Malawi
   - Malta
   - Malaysia
   - Maldives
   - Mali
   - Malta
   - Marshall Islands
   - Mauritania
   - Mauritius
   - Mexico
   - Micronesia (Federated States of)
   - Monaco
   - Mongolia
   - Montenegro
   - Morocco
   - Mozambique
   - Myanmar
   - Nauru
   - Namibia
   - Nepal
   - Netherlands
   - New Caledonia
   - New Zealand
   - Nicaragua
   - Nigeria
   - Niue
   - Northern Mariana Islands
   - Norway
   - Oman
   - Pakistan
   - Palau
   - Panama
   - Papua New Guinea
   - Paraguay
   - Peru
   - Philippines
   - Poland
   - Portugal
   - Porto Rico
   - Qatar
   - Republic of Korea
   - Republic of Moldova
   - Romania
   - Russian Federation
   - Rwanda
   - Saint Kitts and Nevis
   - Saint Lucia
   - Saint Vincent and the Grenadines
   - Samoa
   - San Marino
   - Sao Tome and Principe
   - Saudi Arabia
   - Senegal
   - Serbia
   - Seychelles
   - Sierra Leone
   - Singapore
   - Sint Maarten (Dutch Part)
   - Slovak Republic
   - Slovenia
   - South Africa
   - South Sudan
   - Spain
   - Sri Lanka
   - Sudan
   - Suriname
   - Swaziland
   - Sweden
   - Switzerland
   - Syrian Arab Republic
   - Tajikistan
   - Thailand
   - The Former Yugoslav Republic of Macedonia
   - Timor-Leste
   - Togo
   - Tokelau
   - Tonga
   - Trinidad and Tobago
   - Tunisa
   - Turkey
   - Turkmenistan
   - Turks and Caicos Islands
   - Tuvalu
   - Uganda
   - Ukraine
   - United Arab Emirates
   - United Kingdom of Great Britain and Northern Ireland
   - United Republic of Tanzania
   - Uruguay
   - Uzbekistan
   - Vanuatu
   - Venezuela [Bolivarian Republic of]
   - Viet Nam
   - Wallis and Futuna Islands
   - West Bank and Gaza Strip
   - Yemen
   - Zambia
   - Zimbabwe

   * 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.

   If the answer is YES to any of the above questions, Wellesley College requires that a health care provider complete a tuberculosis risk assessment (to be completed within one year of enrollment). Please complete Step 2, found on page 3.

   If the answer to all of the above questions is NO, no further testing or further action is required. Clinician sign page 4.


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**Step 2**

**TUBERCULOSIS RISK ASSESSMENT**

Required if yes answer to any Tuberculosis screening questions.

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:

1. Recent close contact with someone with infectious TB disease

   - [ ] YES  
   - [ ] NO

2. Foreign-born from (or travel* to/in) a high-prevalence area
   - (e.g., Africa, Asia, Eastern Europe, or Central or South America)

   - [ ] YES  
   - [ ] NO

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

3. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease

   - [ ] YES  
   - [ ] NO

4. HIV/AIDS

   - [ ] YES  
   - [ ] NO

5. Organ transplant recipient

   - [ ] YES  
   - [ ] NO

6. Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-antagonist)

   - [ ] YES  
   - [ ] NO

7. History of illicit drug use

   - [ ] YES  
   - [ ] NO

8. 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

9. 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

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

    - [ ] YES  
    - [ ] NO

If all above answers are no, clinician sign page 4. If any question is answered yes, proceed to step 3 with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.
**Step 3**

**Tuberculosis Risk Assessment**

**Option 1** Tuberculin Skin Test (TST) - within 1 year of July 1 for Fall admission January 13 for Spring admission

*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 _☐_

**DATE GIVEN:** _M_ / _D_ / _Y_  **DATE READ:** _M_ / _D_ / _Y_

RESULT: ________ MM OF INDURATION  **INTERPRETATION:** POSITIVE _☐_  NEGATIVE _☐_

**Option 2** Interferon Gamma Release Assay (IGRA)

DATE OBTAINED: _M_ / _D_ / _Y_ (Specify method)  QFT-G  QFT-GIT  OTHER _☐_

RESULT: NEGATIVE _☐_  POSITIVE _☐_  INTERMEDIATE _☐_

DATE OBTAINED: _M_ / _D_ / _Y_ (Specify method)  QFT-G  QFT-GIT  OTHER _☐_

RESULT: NEGATIVE _☐_  POSITIVE _☐_  INTERMEDIATE _☐_

**Step 4**

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

**DATE OF CHEST X-RAY:** _M_ / _D_ / _Y_  **RESULT:** NORMAL _☐_  ABNORMAL _☐_

Dates of treatment for LTBI: ____________________________________________________________

medication and dose ____________________________________________________________

______________________________  ____________________________
CLINICIAN’S SIGNATURE  DATE

______________________________
CLINICIAN’S PRINTED NAME

**TST 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