

STEP I

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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? <input type="checkbox"/> <input type="checkbox"/>			
2. Have you ever had close contact with anyone who was sick with TB? <input type="checkbox"/> <input type="checkbox"/>			
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) <input type="checkbox"/> <input type="checkbox"/>			
4. Have you ever traveled** to/in one or more of the countries listed below? (If yes, please CIRCLE the country/ies) <input type="checkbox"/> <input type="checkbox"/>			
5. Have you ever been vaccinated with BCG? <input type="checkbox"/> <input type="checkbox"/>			

* 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.

AFGHANISTAN	CHINA, MACAO SAR	HONDURAS	NAMIBIA	SOLOMON ISLANDS
ALBANIA	COLOMBIA	HUNGARY	NAURU	SOMALIA
ALGERIA	COMOROS	ICELAND	NEPAL	SOUTH AFRICA
AMERICAN SAMOA	CONGO	INDIA	NETHERLANDS	SOUTH SUDAN
ANDORRA	COOK ISLANDS	INDONESIA	NEW CALEDONIA	SPAIN
ANGOLA	COSTA RICA	IRAN (ISLAMIC REPUBLIC OF)	NEW ZEALAND	SRI LANKA
ANGUILLA	CÃ‘TE D'IVOIRE	IRAQ	NICARAGUA	SUDAN
ANTIGUA AND BARBUDA	CROATIA	IRELAND	NIGER	SURINAME
ARGENTINA	CUBA	ISRAEL	NIGERIA	SWAZILAND
ARMENIA	CURAÃ§AO	ITALY	NIUE	SWEDEN
ARUBA	CYPRUS	JAMAICA	NORTHERN MARIANA ISLANDS	SWITZERLAND
AUSTRALIA	CZECH REPUBLIC	JAPAN	NORWAY	SYRIAN ARAB REPUBLIC
AUSTRIA	DEMOCRATIC PEOPLE'S REPUBLIC OF	JORDAN	OMAN	TAJIKISTAN
AZERBAIJAN	KOREA	KAZAKHSTAN	PAKISTAN	THAILAND
BAHAMAS	DEMOCRATIC REPUBLIC OF THE CONGO	KENYA	PALAU	THE FORMER YUGOSLAV REPUBLIC OF
BAHRAIN	DENMARK	KIRIBATI	PANAMA	MACEDONIA
BANGLADESH	DJIBOUTI	KUWAIT	PAPUA NEW GUINEA	TIMOR-LESTE
BARBADOS	DOMINICA	KYRGYZSTAN	PARAGUAY	TOGO
BELARUS	DOMINICAN REPUBLIC	LAO PEOPLE'S DEMOCRATIC REPUBLIC	PERU	TOKELAU
BELGIUM	ECUADOR	LATVIA	PHILIPPINES	TONGA
BELIZE	EGYPT	LEBANON	POLAND	TRINIDAD AND TOBAGO
BENIN	EL SALVADOR	LESOTHO	PORTUGAL	TUNISIA
BERMUDA	EQUATORIAL GUINEA	LIBERIA	PUERTO RICO	TURKEY
BHUTAN	ERITREA	LIBYA	QATAR	TURKMENISTAN
BOLIVIA (PLURINATIONAL STATE OF)	ESTONIA	LITHUANIA	REPUBLIC OF KOREA	TURKS AND CAICOS ISLANDS
BONAIRE, SAINT EUSTATIUS AND SABA	ETHIOPIA	LUXEMBOURG	REPUBLIC OF MOLDOVA	TUVALU
BOSNIA AND HERZEGOVINA	Fiji	MADAGASCAR	ROMANIA	UGANDA
BOTSWANA	FINLAND	MALAWI	RUSSIAN FEDERATION	UKRAINE
BRAZIL	FRANCE	MALAYSIA	RWANDA	UNITED ARAB EMIRATES
BRITISH VIRGIN ISLANDS	FRENCH POLYNESIA	MALDIVES	SAINT KITTS AND NEVIS	UNITED KINGDOM OF GREAT BRITAIN
BRUNEI DARUSSALAM	GABON	MALI	SAINT LUCIA	AND NORTHERN IRELAND
BULGARIA	GAMBIA	MALTA	SAINT VINCENT AND THE GRENADINES	UNITED REPUBLIC OF TANZANIA
BURKINA FASO	GEORGIA	MARSHALL ISLANDS	SAMOA	URUGUAY
BURUNDI	GERMANY	MAURITANIA	SAN MARINO	UZBEKISTAN
CAMBODIA	GHANA	MAURITIUS	SAO TOME AND PRINCIPE	VANUATU
CAMEROON	GREECE	MEXICO	SAUDI ARABIA	VENEZUELA (BOLIVARIAN REPUBLIC OF)
CANADA	GREENLAND	MICRONESIA (FEDERATED STATES OF)	SENEGAL	VIET NAM
CAPE VERDE	GRENADE	MONACO	SERBIA	WALLIS AND FUTUNA ISLANDS
CAYMAN ISLANDS	GUAM	MONGOLIA	SEYCHELLES	WEST BANK AND GAZA STRIP
CENTRAL AFRICAN REPUBLIC	GUATEMALA	MONTENEGRO	SIERRA LEONE	YEMEN
CHAD	GUINEA	MONTSERRAT	SINGAPORE	ZAMBIA
CHILE	GUINEA-BISSAU	MOROCCO	SINT MAARTEN (DUTCH PART)	ZIMBABWE
CHINA	GUYANA	MOZAMBIQUE	SLOVAKIA	
CHINA, HONG KONG SAR	HAITI	MYANMAR	SLOVENIA	

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.

STEP 2

Page 3

TUBERCULOSIS RISK ASSESSMENT

STUDENT'S NAME:

DOB: (MM/DD/YY)

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:

	YES	NO
1. Recent close contact with someone with infectious TB disease	<input type="checkbox"/>	<input type="checkbox"/>
2. Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	<input type="checkbox"/>	<input type="checkbox"/>
* 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	<input type="checkbox"/>	<input type="checkbox"/>
4. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>
5. Organ transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>
6. Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF-antagonist)	<input type="checkbox"/>	<input type="checkbox"/>
7. History of illicit drug use	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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)]	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the student have signs or symptoms of active tuberculosis disease?	<input type="checkbox"/>	<input type="checkbox"/>

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

Page 4

TUBERCULOSIS RISK ASSESSMENT

STUDENT'S NAME:

DOB: (MM/DD/YY)

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 noinduration, 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- 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