Tuberculosis Screening Questionnaire

For completion by all students.

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.

For completion by all students.

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)
4. Have you ever traveled** to/in one or more of the countries listed below? (If yes, please CIRCLE the country/ies)
5. Have you ever been vaccinated with BCG?

* 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.
**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

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

*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

4. HIV/AIDS

5. Organ transplant recipient

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

7. History of illicit drug use

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)

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)]

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

   **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**

**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 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 [ ]

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

DATE OBTAINED: _____/_____/_____ (SPECIFY METHOD)

RESULT: NEGATIVE [ ]
POSITIVE [ ]
INTERMEDIATE [ ]

DATE OBTAINED: _____/_____/_____ (SPECIFY METHOD)

RESULT: NEGATIVE [ ]
POSITIVE [ ]
INTERMEDIATE [ ]

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

DATE OF CHEST X-RAY: _____/_____/_____  
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