



Program: 2020 Summer College Readiness Program

From: Health Services

Re: Tuberculosis (TB) Screening/Testing (2 pages)

Last name	First name	Middle	(Chosen Name)	Birth Date	Age
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Please Answer the Following Questions:

	YES	NO
• Have you ever had a positive TB skin test?		
• Have you ever had close contact with anyone who was sick with TB?		
• Were you born in one of the countries listed below and arrived in the U.S. within the last 5 years? (If yes, please circle country below.)		
• Have you ever traveled to/in on or more of the countries listed below? (If yes, please circle country/ies below.)		
• Have you ever been vaccinated with BCG?		

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

Afghanistan	Columbia	India	Myanmar	Sri Lanka
Algeria	Comoros	Indonesia	Nepal	Sudan
Angola	Congo	Iraq	Nicaragua	Suriname
Argentina	Cook Islands	Japan	Niger	Swaziland
Armenia	Cote d'Ivoire	Kazakhstan	Nigeria	Syrian Arab Republic
Azerbaijan	Croatia	Kenya	Pakistan	Tajikistan
Bahrain	Democratic People's	Kiribati Kyrgyzstan	Palau	Thailand
Bangladesh	.....Republic of Korea	Lao People's Democratic	Panama	The former Yugoslav
Belarus	Democratic Republic	Republic	Papua New Guinea	.....of Macedonia
Belize	.....of the Congo Djibouti	Latvia	Philippines	Timor-Leste
Benin	Dominican Republic	Lesotho	Poland	Togo
Bhutan	Ecuador	Liberia	Portugal	Tonga
Bolivia (Plurinational	El Salvador	Libyan	Qatar	Trinidad and Tobago
...State of)	Equatorial Guinea	Arab	Republic of Korea	Tunisia
Bosnia and Herzegovina	Eritrea	Jamahiriya	Republic of Moldova	Turkey
Botswana	Estonia	Lithuania	Romania	Turkmenistan
Brazil	Ethiopia	Madagascar	Russian Federation	Tuvalu
Brunei	French Polynesia	Malawi	Rwanda	Uganda
Darussalam	Gabon	Maldives	Saint Vincent & the	Ukraine
Bulgaria	Gambia	Mali	.....Grenadines	United Republic of
Burkina	Georgia	Marshall Islands	Sao Tome and Principe	.....Tanzania
Faso	Ghana	Mauritania	Senegal	Uruguay
Burundi	Guam	Mauritius	Serbia	Uzbekistan
Cambodia	Guatemala	Micronesia ...(Federated	Seychelles	Vanuatu
Cameroon	Guinea	States of)	Sierra Leone	Venezuela (Bolivarian
Cape Verde	Guinea-Bissau	Mongolia	Singapore	.....Republic of)
Central African Republic	Guyana	Montenegro	Solomon Islands	Viet Nam
Chad	Haiti	Morocco	Somalia	Zambia
China	Honduras	Mozambique	South Africa	Zimbabwe

If the answer is YES to any of the above questions, Landmark College requires that a health care provider complete a tuberculosis risk assessment. You will need to come to Health Services for further screening. If the answer to all of the above questions is NO, no further screening is required and page 2 of this form may be omitted.

Signature of Parent/Guardian	Printed Name	Date
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Relationship to Student	Phone #
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Person with any of the following are candidates for Mantoux tuberculin skin test (TST) unless a previous positive test has been documented:

	YES	NO
• Recent close contact with someone with infectious TB disease		
• Foreign-born from (or travel* to/in) high prevalence area (see previous page)		
• Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease		
• HIV/AIDS		
• Organ transplant recipient		
• Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)		
• Resident, employee, or volunteer in high-risk congregate setting (e.g. correctional facility, nursing home, homeless shelter, hospital & other high risk health care facilities)		
• Medical condition associated with increased risk of progressing to TB disease infected [e.g. diabetes, mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end state renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight, (i.e. 10% or more below ideal for the given population)]		

*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 NO, proceed to question #2. If YES, proceed with additional evaluation to exclude active tuberculosis including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST) - TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.

			<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date given (mm/dd/yyyy)	Date read (mm/dd/yyyy)	Result (mm of induration)	Interpretation
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date given (mm/dd/yyyy)	Date read (mm/dd/yyyy)	Result (mm of induration)	Interpretation

3. Chest x-ray - *Required if TST is positive*

		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
Date of chest x-ray (mm/dd/yyyy)	Result	

Interpretation Guidelines

Induration of 5 mm is considered positive in:

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Organ transplant recipients Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)
- Persons with HIV/AIDS

Induration of 10 mm is considered positive in:

- Person born in high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use

- Mycobactciology 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 - carcinoma of the head, neck, or lung - weight loss of 10% of ideal body weight - gastrectomy - intestinal bypass - chronic malabsorption syndromes
- Children 5 years of age Infants, children, and adolescents exposed to adults at high risk for developing active TB

Induration of 15 mm is considered positive in:

- Persons with no known risk factors for TB

Health Care Provider Name

MD/NP/PAA date (mm/dd/yyyy)

Signature

Phone #

Return completed form via email to: healthservices@landmark.edu