LANDMARK COLLEGE

Program: 2018 High School Summer Program – Putney Campus
From: Health Services
Re: Tuberculosis (TB) Screening/Testing (2 pages)

Last name First name Middle (Chosen Name) Birth Date Age

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
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational
…State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei
Darussalam
Bulgaria
Burkina
Faso
Burundi
Cambodia
Cameroon
Cape Verde
Central African Republic
Chad
China

Columbia
Comoros
Congo
Cook Islands
Cote d'Ivoire
Croatia
Democratic People's
……Republic of Korea
Democratic Republic
……of the Congo Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
French Polynesia
Gabon
Gambia
Georgia
Ghana
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras

India
Indonesia
Iraq
Japan
Kazakhstan
Kenya
Kiribati Kyrgyzstan
Lao People's Democratic
Republic
Latvia
Lesotho
Liberia
Libyan
Arab
Jamahiriya
Lithuania
Madagascar
Malawi
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Micronesia …(Federated
States of)
Mongolia
Montenegro
Morocco
Mozambique

Myanmar
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Palau
Panama
Papua New Guinea
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Vincent & the
……Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa

Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Thailand
The former Yugoslav
……of Macedonia
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of
……Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian
……Republic of)
Viet Nam
Zambia
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

Relationship to Student Phone #

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 at 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 or 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 m of induration as well as risk factors.*

			☐ Positive ☐ Negative
Date given (mm/dd/yyyy)	Date read (mm/dd/yyyy)	Result (mm of induration)	Interpretation

			☐ Positive ☐ 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*

	☐ Abnormal ☐ 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 #