

SPELMAN COLLEGE SUMMER PROGRAMS

SP TB SCREENING QUESTIONNAIRE

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PLEASE PRINTName of Student: _____ Date of Birth ___/___/_____
MM/DD/YYYY

Parent /Guardian Name _____

REQUIRED TESTS

If the answer to all of the questions on page 2* is NO, no further testing or further action is required.

If the answer is YES to any of the questions on page 2*, Spelman College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester). **Complete pages 3 – 4.**

Only if TB testing is required, this record must be completed by your physician or medical provider. All immunizations must be verified by the signature and office stamp of your physician or medical provider below. This record must be in ENGLISH. You may submit copies of immunization records and lab/serology test as proof of vaccine, history of disease or immunity.

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

Mandatory completion is required for any student to be allowed to move into campus housing.

PLEASE PRINT

Name of Student: _____ Date of Birth ____/____/____ MM/DD/YYYY

Part I. SP Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students) Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
(If yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer to all of the questions on page 2* is NO, no further testing or further action is required.

If the answer is YES to any of the questions on page 2*, Spelman College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester). Complete pages 3 – 4.

PLEASE PRINT

Name of Student: _____ Date of Birth ____/____/____ MM/DD/YYYY

If the answer is YES to any of the above questions, Spelman College requires that you receive TB testing as soon as possible prior to the start of the summer program.

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

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

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) Yes No

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes No

1. TB Symptom Check¹

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes No

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease 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) 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____

****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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)

