

Last Name _____ First Name _____ PBA ID# _____ Birthdate: ____/____/____	Check all that apply: <input type="checkbox"/> FT Undergraduate <input type="checkbox"/> Part-Time/Evening <input type="checkbox"/> Graduate <input type="checkbox"/> Resident <input type="checkbox"/> Commuter <input type="checkbox"/> Nursing <input type="checkbox"/> Pharmacy <input type="checkbox"/> International First term/year of PBA enrollment: <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____
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PLEASE ANSWER THE FOLLOWING RISK SCREENING QUESTIONS:

- Have you ever had close contact with persons known or suspected to have TB disease? No Yes
- Have you ever had a positive TB skin test? No Yes
- Were you born in one of the countries listed below? If yes, circle country below. No Yes
 If yes, have you arrived in the United States within the past 5 years? No Yes
- Have you had frequent or prolonged visits to one or more of the countries listed below? No Yes
 If yes, CHECK each country you've visited.

Angola	Congo DR	Korea DPR	Myanmar	Philippines	Thailand
Azerbaijan	Ethiopia	Kyrgyzstan	Namibia	Russian Federation	Ukraine
Bangladesh	India	Lesotho	Nigeria	Sierra Leone	Uzbekistan
Belarus	Indonesia	Liberia	Pakistan	Somalia	Viet Nam
Cambodia	Kazakhstan	Moldova-Rep	Papua New Guinea	South Africa	Zambia
China	Kenya	Mozambique	Peru	Tajikistan	Zimbabwe

Source: World Health Organization Global Health Observatory, High Rates of Tuberculosis 2016. For future updates, refer to <http://apps.who.int/ghodata>.

If you answered YES to any of the above questions, your medical provider will need to complete Page 2: TB Clinical Assessment prior to your arrival on campus. Regardless of risk, Page 1 is required to be submitted to Health and Wellness prior to the start of your first semester. Page 2 should only be included if Clinical Assessment is required.

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

Signature: _____	Date: _____
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TB Clinical Assessment by Health Care Provider

(This form is only required if student answered YES to any of the questions on Page 1)

Clinicians should review and verify the information answered on Page 1: TB Risk Screening. Students answering YES to any of the questions are candidates for either Mantoux tuberculin skin test (TST aka PPD) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented. A chest X-ray alone cannot be used to test for TB exposure, it is only indicated if a TST or IGRA is positive.

1. TB Symptom Check

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, then proceed with additional evaluation to exclude active tuberculosis disease.

- 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

2. Tuberculin Skin Test (TST): Date Given: _____

Date Read: _____ Result: _____ mm of induration

Interpretation: Positive Negative

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ (specify method) QFT-GIT T-Spot Other _____

Result: Negative Positive Indeterminate Borderline (T-Spot only)

Treatment Plan: _____

Chest X-ray: (Required if TST or IGRA is positive, cannot be used as sole indicator for TB infection)

Date of Chest X-ray: _____ Result: Normal Abnormal

Provider Signature: _____ Date: _____

Official Office Stamp:
