

Last Name _____ First Name _____ PBA ID# _____ Birthdate: ____/____/____ Current Age: _____	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:

<ul style="list-style-type: none"> • Have you ever had close contact with persons known or suspected to have TB disease? • Have you ever had a positive TB skin test? • Were you born in one of the countries listed below? If yes, circle country below. • If you marked yes above, have you arrived in the United States within the past 5 years? • Have you had frequent or prolonged visits to one or more of the countries listed below? If yes, CHECK each country you've visited. 	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
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|----------------------------------|---------------------------------------|----------------------------------|----------------------------------|-----------------------|------------------------------------|
| Afghanistan | Central African Republic | Georgia | Lithuania Madagascar | Pakistan | Swaziland |
| Algeria | Chad | Ghana | Malawi | Palau | Syrian Arab Republic |
| Angola | China | Greenland | Malaysia | Panama | Tajikistan |
| Anguilla | China, Hong Kong SAR | Guam | Maldives | Papua New Guinea | Tanzania, United Republic of |
| Argentina | China, Macao SAR | Guatemala | Mali | Paraguay | Thailand |
| Armenia | Colombia | Guinea | Marshall Islands | Peru | Timor-Leste |
| Azerbaijan | Comoros | Guinea-Bissau | Mauritania Mauritius | Philippines | Togo |
| Bangladesh | Congo | Guyana | Mexico | Portugal | Tunisia |
| Belarus | Côte d'Ivoire | Haiti | Micronesia (Federated States of) | Qatar | Turkmenistan |
| Belize | Democratic People's Republic of Korea | Honduras | Moldova (Republic of) | Romania | Tuvalu |
| Benin | Democratic Republic of the Congo | India | Mongolia | Russian Federation | Uganda |
| Bhutan | Djibouti | Indonesia | Montenegro | Rwanda | Ukraine |
| Bolivia (Plurinational State of) | Dominican Republic | Iraq | Morocco | Sao Tome and Principe | Uruguay |
| Bosnia & Herzegovina | Ecuador | Kazakhstan | Mozambique | Senegal | Uzbekistan |
| Botswana | El Salvador | Kenya | Myanmar | Serbia | Vanuatu |
| Brazil | Equatorial Guinea | Kiribati | Namibia | Sierra Leone | Venezuela (Bolivarian Republic of) |
| Brunei Darussalam | Eritrea | Korea (Republic of) | Nauru | Singapore | Vietnam |
| Bulgaria | Estonia | Kuwait | Nepal | Solomon Islands | Yemen |
| Burkina Faso | Ethiopia | Kyrgyzstan | New Caledonia | Somalia | Zambia |
| Burundi | Fiji | Lao People's Democratic Republic | Nicaragua | South Africa | Zimbabwe |
| Cabo Verde | French Polynesia | Latvia | Niger | South Sudan | |
| Cambodia | Gabon | Lesotho | Nigeria | Sri Lanka | |
| Cameroon | Gambia | Liberia | Northern Mariana Islands | Sudan | |
| | | Libya | | Suriname | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. 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. 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: