

Tuberculosis (TB) Screening Questionnaire

This form must be submitted to the Student Health Center as part of the registration process.

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Student ID # _____

Please answer the following questions (circle yes or no):

- | | | |
|---|-----|----|
| 1. Have you ever had close contact with anyone who was sick with TB? | Yes | No |
| 2. Were you born in one of the countries listed below? | Yes | No |
| 3. Have you ever traveled* to/in one or more of the countries listed below? | Yes | No |
| 4. Have you been a resident, employee, or volunteer in a prison, homeless shelter, nursing home, or other high-risk congregate setting? | Yes | No |
| 5. Have you been a member of an "at-risk" group—medically underserved/low income/drug or alcohol abusers? | Yes | No |
| 6. Have you been a health care worker/volunteer serving clients at risk for active TB? | Yes | No |

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

If the answer is **YES** to any of the above questions, the University of Tennessee also requires that a health care provider complete and return the enclosed Tuberculosis Risk Assessment Form (page 4), along with the completed questionnaire, to the Student Health Center prior to your scheduled orientation visit. Answering "yes" to any question will not prevent enrollment. All tuberculosis testing to be accepted must be done six months prior to the first day of classes.

If the answers to all the above questions are **NO**, further evaluation is not required; however, this completed questionnaire must be returned to the Student Health Center prior to or at the time of your orientation visit.

STUDENT SIGNATURE (REQUIRED) _____ DATE _____

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

*Source: World Health Organization, Global Health Observatory, Tuberculosis Incidence. Countries with incidence rates of >20 cases per 100,000 population, 2017.

Tuberculosis (TB) Risk Assessment Form

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Student ID # _____

To Health Care Provider:

This student's responses on our TB Screening Questionnaire confirm an increased risk for TB infection. The following information is therefore required to complete their registration process for the university. All indicated testing must be performed within the six months prior to the first day of the student's first semester of classes.

1. Risk Factors for Infection (Review with patient. If any "Yes," proceed to #2. If all "No," proceed to #5.)

A. Prior positive TB test	Yes	No
B. Recent close contact with someone with infectious TB disease	Yes	No
C. Born outside of the United States (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	Yes	No
D. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	Yes	No
E. HIV/AIDS	Yes	No
F. Organ transplant recipient	Yes	No
G. Immunosuppressed (equivalent of > 15 mg/day of prednisone of > 1 month or TNF-antagonist)	Yes	No
H. History of illicit drug use	Yes	No
I. Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	Yes	No
J. Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus; silicosis; head, neck, or lung cancer; hematologic or reticuloendothelial disease, such as Hodgkin's disease or leukemia; end-stage renal disease; intestinal bypass or gastrectomy; chronic malabsorption syndrome; or low body weight (i.e., 10% or more below ideal for the given population)]	Yes	No

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

Review with patient. If the answer to any of the above questions was "Yes," proceed to #2. If all "No," proceed to #5.

2. Does the student have signs of symptoms of active TB, e.g. fever, night sweats, hemoptysis, prolonged cough, or weight loss? Yes No

If yes, proceed with testing as indicated (e.g. TST or IGRA, chest x-ray, sputum AFB smear and cultures). Ongoing treatment for TB will not prevent the student's enrollment.

If no, proceed to #3.

3. Tuberculin Skin Test (TST) OR Interferon Gamma Release Assay (IGRA)

Do not use TST within four weeks of a live virus vaccine.

TST **result** should be recorded as actual millimeter of induration, transverse diameter; if no induration, write "0."

The TST **interpretation** should be based on millimeter of duration as well as risk factors. See page 5.**

TST: Date Given _____ / _____ / _____

Result: _____ mm of induration.

Date Given _____ / _____ / _____

****Interpretation:** Negative / Positive

Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ / _____ / _____ (Specify Method) QFT-G QFT-GIT T-Spot Other _____

Result: Negative / Positive / Intermediate / Indeterminate

4. Chest x-ray (required within six months prior to start of classes for recent or prior positive TST or IGRA)

Date Obtained: _____ / _____ / _____ Result: Normal / Abnormal

5. Please circle "No Risk" or "Risk" below regarding TB infections.

- A. No Risk
- B. Risk (Please attach information regarding past/present treatment for latent/active TB infection.)

6. Health Care Provider Contact Information (sign only when testing completed)

Provider's Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Fax Number _____

Provider's Signature _____ Date _____

**** TST Interpretation Guidelines**

>5 mm is positive in:

- 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
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-a antagonist
- Persons with HIV/AIDS

> 10 mm is positive in:

- Persons born in a high-prevalence country or who resided in one for a significant* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; gastrectomy or intestinal bypass; head, neck, or lung cancer; low body weight (>10% below ideal); and/or chronic malabsorption syndromes

> 15 mm is positive in:

- Persons with no known risk factors for TB disease

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

Health care provider: Please return this completed two-page form to the address listed below. It must be received in our office prior to the first day of the student's first semester of classes or a "hold" will be placed on their account.

Immunization Coordinator
Student Health Center
University of Tennessee
1800 Volunteer Blvd.
Knoxville, TN 37996