STONEHILL COLLEGE

TUBERCULOSIS RISK QUESTIONNAIRE

TUBERCULOSIS RISK QUESTIONNAIRE IS REQUIRED

Must be completed by all students and returned with the Health Form

Name: _____ Birth Country: _____

Please circle your answers to the following questions:

1. Have you ever had a positive tuberculosis (TB) test (If yes, please continue onto the next page): Yes / No

2. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis (TB): Yes / No

3. Were you born in one of the countries listed below: Yes / No

4. Have you ever traveled or lived for more than one month in any of the countries listed below: Yes / No

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB) AND/OR TB ENDEMIC COUNTRIES

AS REFERENCED BY THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

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

HIGH RISK: If the answer to questions 2, 3, or 4 are "**yes**" Stonehill College requires that you have a tuberculin skin test (Mantoux Test / Intermediate PP) to check for latent tuberculosis infection.

LOW RISK: If the answer to all the above questions were "**no**", a tuberculin test should not be done

YOUR HEALTHCARE PROVIDER MUST COMPLETE THE FORM ON THE FOLLOWING PAGE ONLY IF CONSIDERED HIGH RISK AS INDICATED ABOVE

STUDENT'S NAME: _____ _____ Birth Date: ____/____/____
Month Day Year

Medical Evaluation for Latent Tuberculosis Infection

(To be completed and signed by a licensed healthcare provider ONLY if student answers "yes" to Qustions 2, 3 or 4 on reverse page)

Please Note:
If patient has had a **POSITIVE TUBERCULIN SKIN TEST** in the past, the test should not be repeated. Go to Section B below

A. TUBERCULIN TESTING (Mantoux / Intermediate PPD or Interferon Gamma Release Assay [IGRA])

1. Mantoux – Please Note: Mantoux test must be read by a healthcare provider 48–72 hours after administration. If no Induration, mark "0". Results of multiple puncture tests, such as Tine or Mono – Vac are NOT accepted.

Date administered: ____/____/____ (Month Day Year) **Date test read:** ____/____/____ (Month Day Year) **Result:** ____mm of induration

INTERPRETATION OF TUBERCULIN SKIN TEST: (Please use table below and circle response) Negative / Positive

RISK FACTOR	POSITIVE RESULT
Close contact with a case of TB	5mm or more
Born in a country with a high rate of TB	10mm or more
Traveled / lived for 1+ months in a country with high TB rates	10 mm or more
No risk factors (test not recommended)	15 mm or more

OR

2. Interferon Gamma Release Assay (IGRA)

Method used: (Please circle) QFT – G / Tspot Date obtained: ____/____/____ (Month Day Year)

Result: (Please check appropriate response) __ Negative __ Positive __ Intermediate __ Borderline

B. POSITIVE SKIN TEST OR POSITIVE IGRA REQUIRES A CHEST X-RAY
(Mantoux / Intermediate PPD or IGRA tests)

1. Date of POSITIVE test: ____/____/____ (Month Day Year) Testing method: (please circle) Mantoux / IGRA

2. Chest X-Ray: (please circle) Normal / Abnormal *Please attach a copy of the report (no discs or films)*

Describe: _____

3. Clinical Evaluation: (please circle) Normal / Abnormal

Describe: _____

4. Treatment: (please circle) Yes / No

Meds, Dose, Frequency, Dates: _____

_____

_____

Healthcare provider signature: _____ Date: ____/____/____
Month Day Year

Tel: (_____)_____ Fax: (_____)_____