Dickinson

Last Name, First Name _____ Date of Birth _____ Wellness Center

TUBERCULOSIS SCREENING

TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY

Tuberculosis screening is required of all students entering Dickinson College, based upon guidelines of the American College Health Association and the U.S. Centers for Disease Control. For more information, see www.acha.org or www.cdc.gov/tb.

Tuberculosis (TB) Risk Assessment

1.	Does the student have signs or symptoms of active tuberculosis disease? • Unexplained elevation of temperature for more than one week, weight loss, night sweats, persistent cough for more than 3 weeks or cough with production of bloody sputum (hemoptysis)	❑ Yes	❑ No
2.	Has the student ever had a positive Tuberculin Skin Test (TST) or Quantiferon (QFT) or TB-spot blood test?	❑ Yes	❑ No
3.	Is the student a member of a high risk group that may have increased incidence of latent *M. tuberculosis infection or* active tuberculosis? • Had close contact with a known case of active tuberculosis • From a medically underserved or low-income area • Currently on immunosuppressive therapy • Abuse of drugs or alcohol	❑ Yes	❑ No
4.	Does the student have a medical condition associated with increased risk of progressing to TB disease?	❑ Yes	❑ No
5.	Has the student lived, traveled or had frequent or prolonged visits (more than 1 month) within the past 5 years to any of the countries in the table below.	❑ Yes	❑ No

TABLE OF COUNTRIES ENDEMIC FOR TUBERCULOSIS

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

If answered NO to all above answers, student does not meet high-risk criteria and further testing is not needed. If answered yes to any of the above questions, the student <u>does</u> meet high-risk criteria and is required to undergo tuberculosis screening.

If YES, provide documentation of evaluation to exclude active tuberculosis disease, including tuberculosis testing, chest x-ray, and sputum evaluation, as indicated. ***Date of testing must be 6 months from start of classes, Aug. 29, 2022.***

Previous Negative Tuberculosis Testing: **Tuberculin Skin Test (TST):** *TST results must be read in 48-72 hours following the test and should be recorded as actual millimeters (MM) of induration, transverse diameter; if no induration, write "0".* Date Placed _____Date Read _____Results: ____mm	Previous Positive Tuberculosis Testing or BCG Inoculation: **Quantiferon Test (QFT) or T-Spot blood test:** ***<u>A copy of the lab report must be provided in English.</u>*** Date obtained _____ Results:

<u>If testing is positive, a chest x-ray is required and a report must be provided in English.</u>

Provider Name _____ Provider Signature _____ Date _____ Phone Number _____