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

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. 28, 2023.***

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 _____