TUBERCULOSIS (TB) SCREENING/TESTING

Please answer the following questions.

1. Have you ever had a positive TB skin test? □ Yes □ No

2. Have you ever had close contact with anyone who was sick with TB? □ Yes □ No

3. Were you born in one of the countries listed below and arrived in the U.S. within the past five years? □ Yes □ No
   (If yes, please ☐ the country)

4. Have you ever traveled* to/in one or more of the countries listed below? □ Yes □ No
   (If yes, please ☐ the country/ies)

5. Have you ever been vaccinated with BCG? □ Yes □ No

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


Source: World Health Organization, Global Health Observatory, Tuberculosis Incidence 2009. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata/?vid=510

If the answer is YES to any of the above questions, Illinois College requires that a health care provider complete a tuberculosis risk assessment (to be completed within 6 months prior to the start of classes).

If the answer to all of the above questions is NO, no further testing or further action is required.

1The American College Health Association has published guidelines on “Tuberculosis Screening and Targeted Testing of College and University Students.” To obtain the guidelines, visit www.acha.org.
TUBERCULOSIS (TB) RISK ASSESSMENT

Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

1. Recent close contact with someone with infectious TB disease? □ Yes  □ No
2. Foreign-born from (or travel* to/in) a high-prevalence area (see list on opposite page)? □ Yes  □ No
3. Fibrotic changes on a prior chest x-ray suggestive inactive or past TB disease? □ Yes  □ No
4. HIV/AIDS? □ Yes  □ No
5. Organ transplant recipient? □ Yes  □ No
6. Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-α antagonist? □ Yes  □ No
7. History of illicit drug use? □ Yes  □ No
8. 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
9. 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, 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.

1. Does the student have signs or symptoms of active tuberculosis disease? □ Yes  □ No
If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including skin testing, chest x-ray and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)
(TST result should be recorded as actual millimeters (mm) of induration, tranverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)**

Date given: ___/___/___
Result: ___________ mm of induration
Date read: ___/___/___
**Interpretation: □ Positive □ Negative

Date given: ___/___/___
Result: ___________ mm of induration
Date read: ___/___/___
**Interpretation: □ Positive □ Negative

3. Interferon Gamma Release Assay (IGRA)

Date obtained: ___/___/___  (specify method) QFT-G  QFT-GIT  T-Spot  Other: ________________
Result: □ Positive □ Negative □ Indeterminate □ Borderline (T-Spot only)

Date obtained: ___/___/___  (specify method) QFT-G  QFT-GIT  T-Spot  Other: ________________
Result: □ Positive □ Negative □ Indeterminate □ Borderline (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ___/___/___
Result: □ Normal □ Abnormal

Interpretation Guidelines

>5mm is positive:
:: Recent close contacts of an individual with infectious TB
:: Persons with fibrotic changes on a prior chest x-ray consistent with TB disease
:: Organ transplant recipients
:: Immunosuppressed persons: taking >15mg/d of prednisone for >1 month; taking a TNF-α antagonist
:: Persons with HIV/AIDS

>10mm is positive:
:: Persons born in a high prevalence county 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 clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15mm is positive:
:: Persons with no known risk factors for TB disease

*The significance of the travel exposure should be discussed with a healthcare provider and evaluated.

HEALTH CARE PROVIDER

Health Name (please print) ________________________________
Signature ________________________________  Date ________________________________
Address ___________________________________  Phone ________________________________
ARE YOU IN COMPLIANCE?

- Born before Jan. 1, 1957
  - NO: 2 Measles*
  - NO: 2 Mumps*
  - NO: 1 Rubella*
  - NO: NOT IN COMPLIANCE
  - YES: 2 MMR**
  - No: Are you a U.S. citizen
    - NO: NOT IN COMPLIANCE
    - YES: 1 Tetanus Diphtheria within past 10 years
    - YES: IN COMPLIANCE
  - YES: IN COMPLIANCE

* Dose must be on or after 1st birthday and they must be after 1/1/1969 and at least 30 days apart

**Doses must be on or after 1st birthday and they must be after 5/1/1971 and at least 30 days apart