

Tuberculosis (Tb) Questionnaire and Testing Form

Print Last Name: _____ Print First Name: _____ Eagle ID#: _____

Date of Birth: _____ Cell Phone #: _____ BC Email: _____ Date: _____

Please refer to this list of countries/territories below when responding to questions #4 and #5

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of ≥ 20 cases per 100,000 population.

1. Did you ever receive a BCG vaccine as a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
2. Have you ever had close contact with persons known or suspected to have active TB disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Have you ever had a history of a positive PPD skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Were you born in one of the countries or territories listed above that have a high incidence of active TB disease? (If yes, please CIRCLE the country)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are you a recent arrival (<5 years) from one of the high prevalence areas listed above? If YES please indicate date of arrival: _____ / _____ / _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Have you had frequent or prolonged visits (for more than one month) to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the country/countries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Have you been a health care worker, volunteer, resident and/or employee of high-risk congregate settings or served clients who are at increased risk of active TB disease (e.g., correctional facilities, long-term care facilities, homeless shelter, substance abuse treatment, rehabilitation facility)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low income, or abusing drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

- If the answer to all of the above questions is **NO**, no further testing is required (no need to complete pages 2 & 3).
- If the answer is **YES** to any of the above questions, Boston College requires that you receive TB testing as soon as possible but at least prior to the start of the semester.
 - Have your physician complete and return the Tuberculosis (TB) Risk Assessment on pages 2 and 3 with additional testing and/or documentation as needed.

TUBERCULOSIS (TB) RISK ASSESSMENT

(to be completed by a health care provider)

Clinicians should review and verify information on the **TB Screening Form**. Persons answering **YES** to any of the questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) *unless a previous positive test is documented*.

History of a positive TB skin test or IGRA blood test? No ____ Yes ____ (if Yes, and received previous treatment complete the TB Symptom Check and the Medication Section)

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes ____ No ____

Part 1: TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ___ No ____

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 2-3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss, unusual weakness, or extreme fatigue
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

Part 2: Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)

Date Given: _____

Date Read: _____

Result: __ mm of induration **Interpretation (please refer to interpretation guidelines): positive __ negative

(If a positive Chest X-Ray is required see pg. 3 of 3)

Interpretation Guidelines

≥5 mm is positive:

- Recent close contact with an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving the equivalent of >15 mg/d of prednisone for 1 month or more)
- HIV-infected persons

≥10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings for example prisons, long term care facilities, health care facilities, homeless shelters, residential facilities for patients with HIV/AIDS
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer/hematologic disorders (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.
- Children < than 4 years of age or infants, children, and adolescents exposed to adults at high-risk

≥15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

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

Health Care Provider's Signature: _____ Date: _____

Part 3: Interferon Gamma Release Assay (IGRA)

Date Obtained: _____ Specify Method: QFT-GIT T-Spot other _____

Result: ___negative ___positive ___indeterminate ___borderline (T-Spot only)

Part 4: Chest x-ray: (Required if TST or IGRA is POSITIVE)

Date of chest x-ray: _____ Result: ___normal ___abnormal

TUBERCULOSIS (TB) RISK ASSESSMENT Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

MEDICATION SECTION

Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results?

Yes No

- Does the patient decline treatment at this time? No
- Does the patient agree to receive treatment? Yes
- Indicate medication(s) prescribed? Date Started: _____ Date Ended: _____

HEALTH CARE PROVIDER

Signature of Provider

Printed Name

Date

Mailing Address

Office Phone