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

Afghanistan, China, Macao SAR, Honduras, Myanmar, South Africa
Algeria, Colombia, India, Namibia, South Sudan
Angola, Comoros, IndoOnesia, Nauru, Sri Lanka
Anguilla, Congo, Iraq, Nepal, Sudan
Argentina, Democratic People's Republic of Korea, Kazakhstan, Nicaragua, Suriname
Armenia, Democratic Republic of the Congo, Kenya, Niger, Tajikistan
Azerbaijan, Belarus, Djibouti, Kiribati, Nigeria, Thailand
Bhutan, Belize, Dominican Republic, Kyrgyzstan, Niue, Timor-Leste
Bosnia and Herzegovina, Benin, Equatorial Guinea, Lao People's Democratic Republic, Northern Mariana Islands, Togo
Botswana, Brazil, Eritrea, Latvia, Pakistan, Tokelau
Bulgaria, Brunei Darussalam, Gabon, Lesotho, Palau, Trinidad and Tobago
Burkina Faso, Bulgaria, Eswatini, Liberia, Panama, Tunisia
Burundi, Cape Verde, Ethiopia, Libya, Peru, Uganda
Côte d'Ivoire, Gabon, Fiji, Lithuania, Philippines, United Republic of Tanzania
Cabo Verde, French Polynesia, Malawi, Madagascar, Qatar, Uruguay
Cambodia, Gabon, Malaysia, Maldives, Uzbekistan
Cameroon, Central African Republic, Georgia, Mali, Vanuatu
China, Chad, Cape Verde, Ghana, Marshall Islands, Venezuela (Bolivarian Republic of)
China, Cuba, Cape Verde, Greenland, Mauritania, Viet Nam
Guatemala, Haiti, Mexico, Mongolia, Yemen
Guyana, Guinea, Micronesia (Federated States of), Senegal, Zambia
Haiti, Guinea-Bissau, Morocco, Singapore, Zimbabwe


1. Did you ever receive a BCG vaccine as a child? ☐ Yes ☐ No ☐ Unsure
2. Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No
3. Have you ever had a history of a positive PPD skin test? ☐ Yes ☐ 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) ☐ Yes ☐ 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: / / ☐ Yes ☐ 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/territories) ☐ Yes ☐ 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)? ☐ Yes ☐ No
8. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low income or abusing drugs or alcohol? ☐ Yes ☐ No

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.

If the answer to all of the above questions is NO, no further testing is required (no need to complete page 2 & 3).
BOSTON COLLEGE UNIVERSITY HEALTH SERVICES  
TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORM

Date: ___________________ Name: ________________________

Eagle ID#: ______________ Last Name: ___________ Date of Birth: _______________________
First Name: ______________________

Cell Phone: ____________________ Email: ____________________________

TUBERCULOSIS (TB) RISK ASSESSMENT (to be completed by 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 _____

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.

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 positive Chest X-Ray required see pg 3 of 3)

**Interpretation guidelines

>5 mm is positive:
    Recent close contacts of 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 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 jejunoileal 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: ________________________________ (Continue on page 3)
TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORM

Date: __________________________ Name: __________________________

Eagle ID#: _______________________ Date of Birth: ______________________

Cell Phone: _________________________ Email: __________________________

3. Interferon Gamma Release Assay (IGRA)

   Date Obtained: __/__/____ (specify method) QFT-GIT  T-Spot  other ______
   Result: negative  positive  indeterminate  borderline  (T-Spot only)

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 jejunoileal 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?  NO _______ YES _______

Patient agrees to receive treatment

If yes, what medication(s) was prescribed? ________________ Date Started: __/__/____ Date Ended: __/__/____

Patient declines treatment at this time

HEALTH CARE PROVIDER

Name __________________________ Signature __________________________

Address __________________________

Phone (______) __________________________