



BOSTON COLLEGE

UNIVERSITY HEALTH SERVICES

Dear Graduate Student:

University Health Services (UHS) would like to welcome you to Boston College. Below you will find an Immunization form, a Tuberculosis Questionnaire/Testing Form, and Information about Meningococcal Disease, Meningococcal Vaccines, and Vaccination Requirements. The State of Massachusetts requires that all full-time graduate students submit proof of the following:

- **Tetanus, Diphtheria, Pertussis (Tdap) vaccine one time booster after 6/2005 required for all incoming students. If Tdap date is ≥ 10 years from date of enrollment, a recent Td vaccine date must also be included.**
- **2 doses of MMR (measles, mumps, rubella) vaccine (these doses must be given at least four weeks apart beginning at or after 12 months of age). Laboratory proof of immunity is acceptable.**
- **Hepatitis B Vaccine Series (a total of 3 vaccines at varying intervals). Laboratory proof of immunity is acceptable.**
- **2 doses of Varicella vaccine (a minimum of 4 weeks between doses) OR a reliable history of varicella disease documented by a health care provider. Laboratory proof of immunity is acceptable.**
- **1 dose of Meningococcal Conjugate Quadrivalent (A,C,Y,W-135) (Menactra, Menveo or Nimenrix only) for all full time students 21 years of age and younger. The vaccine must be on or after the 16th birthday or a Signed Waiver is acceptable**
- **Completion of the Tuberculosis Questionnaire/Testing Form**

You are welcome to use our immunization form included in the packet but if it is more convenient, you may obtain a signed copy of your most recent immunization records from your primary care provider for submission.

To submit forms please follow the steps below:

1. Complete all attached forms and obtain appropriate signatures from your health care provider where indicated. These forms will eventually need to be uploaded to the UHS Patient Portal.
2. In order to access the University Health Services Patient Portal while off campus, *you must download and install EagleVPN. For EagleVPN instructions, visit www.bc.edu/vpn*
3. To upload your forms and enter your vaccine information please sign into the UHS Patient Portal at <https://osh.bc.edu> using your **BC username and password**.
4. Take a picture or scan the individual forms (immunization, meningitis waiver if applicable and tuberculosis questionnaire/testing form), navigate to the **UPLOAD ICON**, and upload the individual forms to their corresponding line item in the drop down menu. **Varsity athletes are also required to upload sickle cell lab test results.**
Note: the drop down menu is below the list of "documents available to upload".
5. Once forms have been upload go to the top of the page and select the **IMMUNIZATION LINK** and enter the dates of all of your vaccines as indicated on your form. Once you've entered all of the vaccine dates, click the **SUBMIT** button.
6. Directions are also located at the top of the individual pages in the patient portal.

Once completed **DO NOT** send your forms to UHS instead maintain them for your records in case there is a problem with the image quality and you need to resubmit them.

All forms must be submitted on the UHS patient portal prior to the start of classes. **Failure to submit your forms before the start of classes will result in a hold on your registration for the next semester and an administrative late fee of \$80 will be charged to your student account.**

The information you submit will be maintained by the University Health Services in the strictest confidence and will provide the basic data essential to your care. Our privacy policy is posted on www.bc.edu/health_services, along with details of all our medical services.

Health insurance is mandatory in Massachusetts, and each year Student Services will automatically bill your student account for the BC sponsored medical insurance plan. Please visit the Student Services Medical Insurance website for an explanation on **who is eligible to waive and the process to waive this plan**: <http://www.bc.edu/offices/stserv/financial/medinsurance.html>

Yours truly,
Thomas I. Nary, M.D. Director
University Health Services

BOSTON COLLEGE IMMUNIZATION INCOMING FORM

Eagle ID# _____

Date of Birth ____/____/____

Print Last Name _____

Print First Name: _____

 Status (check **all** that apply): Undergraduate ____ Graduate ____ Evening ____ Exchange ____ Varsity Athlete ____

Anticipated year of Graduation ____

REQUIRED IMMUNIZATIONS

This form must be completed and signed by your health care provider. BE AWARE: MA state law requires immunization **compliance** in order for the student to enroll in classes. **A FEE OF \$80.00 WILL BE APPLIED TO YOUR STUDENT ACCOUNT IF FORMS ARE INCOMPLETE 30 DAYS FROM THE START OF CLASSES**

Required Vaccines	Dates Given	MA State Requirements
MMR (Measles, Mumps & Rubella Combined) OR Alternate: Individual vaccines or titers Measles Mumps Rubella	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	2 doses Minimum of 4 weeks between doses 1 st dose given after 1 st birthday OR Individual vaccines OR Positive Titers
Hepatitis B	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer HBs AB Date: ____/____/____	3 doses OR Positive Titer Usual schedule at 0,1 & 4 months Minimum 4 weeks between doses 1 and 2 Minimum 8 weeks between doses 2 and 3 Minimum 16 weeks between 1 and 3
Tdap (Tetanus, Diphtheria, Pertussis)	Tdap ____/____/____ *If greater than 10 yrs from date of enrollment must provide date of recent Td ____/____/____	Tdap one dose (after January 2005) *If Tdap date is greater than 10 yrs from date of enrollment must provide date of recent Td (tetanus,diphtheria) booster
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date ____/____/____ OR History of disease: Yes ____ No ____ Date: ____/____/____	Minimum of 3 months between doses if 1-12 years old. Minimum of 4 weeks between doses if 13 or older OR Positive Titer OR history of disease
Meningococcal Quadrivalent (ALL Full Time Students 21 years or younger)	____/____/____ Please check which vaccine administered: Menactra ____ or Menveo ____ Nimenrix ____ OR signed waiver ____	MENINGOCOCCAL QUADRIVALENT (A, C, Y, W-135) (Menactra, Menveo or Nimenrix) for <u>all</u> full time students 21 years of age and younger on or after the 16th birthday or Signed Waiver which must be attached to this form
	<u>ADDITIONAL IMMUNIZATIONS</u>	<u>STANDARD DOSING</u>
Meningococcal Group B MenB-4C (Bexsero) OR MenB-FHbp (Trumenba) <i>THIS VACCINE IS STRONGLY RECOMMENDED</i>	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	2 doses at least one month apart 3 doses at 0, 2 and 6 months
Human Papillomavirus (HPV) <i>THIS VACCINE IS STRONGLY RECOMMENDED</i>	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	3 doses at 0, 2 & 6 months
Hepatitis A OR Hepatitis A & B Combined	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Hep A: 2 doses at least 6 months apart Hep A & B Combined: 3 doses given on a 0, 1, and 6-month schedule

Provider's Signature: _____ Date: _____

Address (Including City and State): _____

Phone #: _____



Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools

Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding schools) to receive a dose of quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the “meninges” and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-23 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?

Yes. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

Is meningococcal vaccine mandatory for entry into secondary schools that provide housing, and colleges?

Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)

**BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) QUESTIONNAIRE
AND TESTING FORM**

Date: _____ Name: _____

Last First

Eagle ID#: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

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

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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 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: _____

Last First

Eagle ID#: _____ Date of Birth: _____

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: ____/____/____
M D Y M D Y

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 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: _____ (Continue on page 3)

**BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING/TESTING FORM**

Date: _____ Name: _____
Last First

Eagle ID#: _____ Date of Birth: _____

3. Interferon Gamma Release Assay (IGRA)

Cell Phone: _____ Email: _____

Date Obtained: ____ / ____ / ____ (specify method) QFT-GIT T-Spot other ____
M D Y

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 ____
M D Y

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? **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 () _____ **Please Return Form(s) to:**