



Swarthmore College Tuberculosis Screening Questionnaire

Part I to be completed by the student and Parts II, III, and IV to be completed by a health care professional.

Part I: Screening Questionnaire to be completed by the student

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in, or have you lived, worked or visited for more than one month in any of the following: Asia, Africa, South America, Central America or Eastern Europe? Yes No
 If yes, what country? _____ How long? _____

Have you been a resident and/or employee of high-risk congregate settings (correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

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 those abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Swarthmore College requires that you receive TB testing within six months of college entrance and your health care provider needs to complete Parts II, III, and IV.

If the answer to all of the above questions is NO, your health care provider will need to review your answers above and complete Parts II, III, and IV.

Part II: Clinical Assessment by Health Care Provider

History of a positive TB skin test or IGRA blood test? (If yes, document below) Yes No

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

Does the student have signs of active TB such as cough lasting longer than 3 weeks, coughing up blood, chest pain, loss of appetite, unexplained weight loss, night sweats or fevers? Yes No

If yes, proceed with additional evaluation to exclude active TB.

Tuberculin Skin Test (TST)

Date Given: ___/___/___ Date Read: ___/___/___ Result: ___mm of induration *Interpretation: positive___ negative___

*Interpretation guidelines

>5 mm is positive	>10 mm is positive	>15 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.) -HIV-infected persons	-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 -Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (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.	-Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

Interferon Gamma Release Assay (IGRA) circle one

Date Obtained: ___/___/___ Test done: QFT-GIT T-Spot Result: Negative___ positive___ indeterminate___

Chest x-ray: (REQUIRED if TST or IGRA is positive)

Date of chest x-ray: ___/___/___ Result: normal___ abnormal___ *Must provide a copy of the xray report/results

Part III. 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.

Check increased risk group below if applicable:

- 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

SELECT ONE:

_____ Student agrees to receive treatment. *Date and medication initiated:* _____

_____ Student declines treatment at this time and understands the risks associated with declining treatment

_____ Not applicable: This student does not need treatment at this time

Part IV: Health Care Professional Attestation

I have reviewed the information included in this questionnaire with the patient, their individual risk for infection, as well as signs and symptoms of an active TB infection and when this student should seek care.

Health Care Provider Signature

Date

*This form was made with guidance from the ACHA Tuberculosis Guidelines Task Force
See www.acha.org/guidelines for the most current ACHA Guidelines for
Tuberculosis Screening and Targeted Testing of College and University Students.*