

Tuberculosis (TB) Screening/Testing Form

Required for all residential students

To be completed by student and filled out in pen.

Name _____
Last First Middle

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

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

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country in the list below.) Yes No

Have you ever traveled* to/in one or more of the countries listed below? (If yes, please CHECK [✓] the country/ies) Yes No

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.

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

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, California Lutheran University requires that a health care provider complete the tuberculosis risk assessment on the back of this page (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.

The 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.

PLEASE MAIL COMPLETED FORM TO HEALTH SERVICES IN THE ENCLOSED ENVELOPE BY: AUGUST 1 FOR FALL SEMESTER JANUARY 2 FOR SPRING SEMESTER



HEALTH SERVICES

60 WEST OLSEN ROAD #4300
THOUSAND OAKS, CA
91360-2700

T: (805) 493-3225

F: (805) 493-3955

WWW.CALLUTHERAN.EDU/HEALTH

Tuberculosis (TB) Screening/Testing Form (continued)

TUBERCULOSIS (TB) RISK ASSESSMENT

To filled out by healthcare provider if answered "yes" on previous page.

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:

Recent close contact with someone with infectious TB disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organ transplant recipient	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunosuppressed (equivalent of > 15 mg/day of prednisone for > 1 month or TNF-(alpha) antagonist)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
History of illicit drug use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)]	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 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: positive____ negative ____

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-G QFT-GIT other

Result: negative____ positive____ intermediate____

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

Date of chest x-ray: ____/____/____ Result: normal ____ abnormal ____

**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
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF-(alpha) antagonist
- Persons with HIV/AIDS

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

>10 mm is positive:

- Persons born in a high prevalence country 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

>15 mm is positive:

- Persons with no known risk factors for TB disease

HEALTH CARE PROVIDER

Name _____ Signature _____

Address _____ Phone _____

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