UMW TB Screening Form

All Forms are to be Submitted Electronically through the Student Portal at:
https://students.umw.edu/healthcenter/

Student Name:

Tuberculosis Screening

Based on the guidelines published by the American College Health Association, the recommendations from the Centers for Disease Control (CDC) and the American Thoracic Society, tuberculosis screening is required within six months of college entry primarily by conducting a Risk Assessment. For more information, visit www.acha.org or refer to the CDC’s Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/

If a student is at low risk for tuberculosis, a PPD is not required for entrance into college.

Question 1 Have you ever had a positive PPD? □ Yes □ No
If NO ................ Proced to Question 2.
If YES ................ You must have a chest x-ray and submit the results.

Question 2 Does the student have SIGNS or SYMPTOMS of ACTIVE TB DISEASE? □ Yes □ No
(Fever, night sweats, chills, fatigue, unintended weight loss, loss of appetite, pain with breathing or coughing)
If NO ................ proceed to Question 3.
If YES ................ proceed with additional evaluation to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

Question 3 Is the student a member of a HIGH RISK GROUP? □ Yes □ No

Students are in a high risk group if they have HIV ... or they inject illegal drugs ... or they have resided in, volunteered in or worked in high risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters ... or they have diabetes, chronic renal failure, leukemias, lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone >= 15 mg/day for >= one month), or other immunosuppressive disorders.

If NO ................ proceed to Question 4.
If YES ................ place tuberculin skin test (Mantoux only, inject 0.1 ml of purified Protein Derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of the forearm. If PPD is not placed, a T-spot, QFT-G or chest x-ray is required.

Question 4 Has the student LIVED or TRAVELLED (spent four weeks or more) in countries where TB is endemic? □ Yes □ No

OTHER than those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

If NO to #1, #2, #3 and #4 neither a PPD nor a chest-ray is required. Please sign below.
If YES ............. Students should undergo tuberculin skin testing, blood testing and/or chest x-ray.

Please document testing and sign here.

A. Tuberculin Skin Test Date given: ______________ Date read: ______________
Result: ________ mm (record actual millimeters of induration, not redness. If no induration write “0”) Interpretation (based on mm of induration as well as risk factors) □ Positive □ Negative

B. Interferon-Gamma Release Assay Date: ______________ T-spot Positive □ Negative □ QFT-G □ Positive □ Negative

C. Chest X-ray (required if TB skin test is positive or if PPD has not been placed but patient is at risk of disease)
Results: □ Normal □ Abnormal Date of Chest x-ray ________________
□ INH initiated Date ________________ x ____ months

Your health care provider must sign here to verify tuberculosis screening.

_____________________________ Date __________________ ______
Signature of Health Care Provider Phone Number