

University of Mary Washington

Student Health Center

1301 College Avenue, Lee Hall 112

Fredericksburg VA 22401

Phone: 540-654-1040 Fax: 540-654-1077

<https://students.umw.edu/healthcenter/>

UMW TB Screening Form

All forms are to be submitted electronically through the student portal at:
<https://students.umw.edu/healthcenter/>

This form is due August 1st for the Fall Term or January 3rd for the spring term. If you fail to submit this form, you will be unable to register for the following semester.

Tuberculosis (TB) Screening

Student Name:

Date of Birth:

Part 1: Tuberculosis (TB) Screening Questionnaire (to be completed by a licensed health care provider)

Tuberculosis screening is based on the guidelines by the [Virginia TB Screening & Risk assessment Tool](#) and [American College Health Association](#).

1. Does the student have signs or symptoms of active TB disease?

Fever, night sweats, chills, fatigue, unintended weight loss, poor appetite, coughing up blood

(If yes, please evaluate for active TB disease- a negative Tuberculin Skin Test (TST) or Interferon Gamma Release Array (IGRA) does not rule out active TB disease)

Yes No

2. Has the student ever had a positive TB test (TST/PPD or IGRA)?

Yes No

3. Has the student ever lived in or visited in any of the countries or territories listed (including student's country of birth) for 3 months or more? (see page 3)

Yes No

4. Does the student have current or planned immunosuppression?

Organ transplant recipient, treatment with TNF-alpha antagonist (e.g., Remicade, Humira, Enbrel, etc.), steroids (equivalent of prednisone>=15mg/day >=1 month) or other immunosuppressive medication

Yes No

5. Has the student ever had close contact with persons known or suspected to have active TB disease?

Includes history of resident/employee of high-risk congregate setting such as long-term care facilities, homeless shelters, or correctional facilities

Yes No

6. Has the student been part of high TB risk group?

Medically underserved (no medical care in the last 2 years), low income, HIV infection or drug and/or alcohol abuse

Yes No

If answered **No** to above questions, no TB testing is indicated at this time.

If answered **Yes** to any above questions, please go to page 2 (Tuberculosis Testing).

Your health care provider must sign here to verify Tuberculosis screening

Healthcare Provider Signature

Date

Office Stamp

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Tuberculosis Testing (not required if page 1 answers were all No's)

Student Name:

Date of Birth:

Complete if history of **POSITIVE** Tuberculin Skin Test or IGRA (T spot or QFT) or if there is a YES answer to page 1.

- * Retesting should only be done in persons who previously tested negative and have new risk factors since the last assessment.
- * Chest X-ray is needed if positive TB testing.
- * Please attach a copy of the IGRA result and chest X-ray report with student's name and date of birth.

A. Tuberculin Skin Test (TST) Date given: _____ Date read: _____

Result: _____ mm (record actual millimeters of induration, not redness, if no induration write "0")

Positive Negative

B. IGRA (T-Spot or QFT) (preferred if non-US born or received BCG vaccine)

Date: _____ Result: _____ Attach a copy of result

C. Chest X-ray (required if positive TST or IGRA)

Date: _____ Result: _____ Attach a copy of result

Has student taken Medication for TB infection? Yes _____ No _____

If yes, Medication(s) taken: _____

Date began: _____ Date completed: _____

Healthcare Provider Signature

Date

Phone number

Office Stamp:

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High-Incidence Country List for Tuberculosis

Student Name:

Date of Birth:

Please circle country or countries lived/traveled (including place of birth) for 3 months or greater.

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

Countries with a 3-year average incidence ≥ 20 cases per 100K populations, 2021-2023 per [World Health Organization Data](#)