

University of Mary Washington

1301 College Avenue, Fredericksburg VA 22401
Student Health Center – Lee Hall 112
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/>

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 Proceed 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 jejunioleal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone ≥ 15 mg/day for \geq 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 six weeks or more) in countries where TB is endemic? Yes No
Includes those students who have arrived within the past 5 years from countries **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.

Signature of Health Care Provider Date (_____) Phone Number