

# 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: \_\_\_\_\_

Date: \_\_\_\_\_

## 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](http://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/tb/](http://www.cdc.gov/tb/).

**If answered yes to any of the following question, a TB test is required for entrance into college.**

**Question 1** Has the student ever had a positive TB test?  Yes  No  
If NO ..... proceed to Question 2.  
If YES ..... please submit the chest x-ray report.

**Question 2** Does the student have SIGNS or SYMPTOMS of ACTIVE TB DISEASE?  Yes  No  
(Fever, night sweats, chills, fatigue, unintended weight loss, poor appetite, coughing up blood, cough lasting 3 weeks or longer)  
If NO ..... proceed to Question 3.  
If YES ..... a Tuberculin skin test (TST) or Interferon Gamma Release Assay Test (IGRA) test with result is required.

**Question 3** Is the student a member of a HIGH-RISK GROUP or at risk for TB progression?  Yes  No  
Students are in a high risk group if they were exposed to TB, inject illegal drugs ... or they have resided in, or worked in high risk congregate settings such as long-term care facilities, homeless shelters, or correctional facilities ... or they have HIV, **diabetes**, cancer, chronic renal failure, silicosis, leukemias, lymphomas, low body weight (10% below ideal), gastrectomy, jejunioileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone  $\geq$  15 mg/day for  $\geq$  one month), other immunosuppressive therapy, solid organ transplant, chest x-ray with evidence of prior healed TB or other immunosuppressive disorders.  
If NO ..... proceed to Question 4.  
If YES ..... a TST or IGRA test with result is required.

**Question 4** Has the student LIVED/TRAVELED  $\geq$  3 months where TB is endemic (including birth)?  Yes  No  
This includes any countries listed on page 2 of the UMW TB Screening Form. Please **circle** the country or countries. For more information, visit [World Health Organization](http://World Health Organization) global lists of high burden countries for Tuberculosis ... 2021-2025.  
If NO to #1, #2, #3 and #4 neither a TB test nor a chest-ray is required. Please sign below.  
If YES ..... a TST or IGRA test with result is required.

## Tuberculosis Testing - please document testing and attach copy of lab and/or x-ray report.

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 or QFT-G  Positive  Negative  
(IGRA preferred if non-US born or received BCG vaccine)

C. Chest X-ray (required if TB test (either TST or IGRA is positive))  
Results:  Normal  Abnormal Date of Chest x-ray: \_\_\_\_\_  
 Treatment: Date: \_\_\_\_\_ x \_\_\_\_\_ months

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

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Date

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

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# UMW TB Screening Form

Page 2

**List of countries or territories listed below that have a high incidence of active TB disease. Please circle country or countries lived/travelled including birth) for  $\geq$  3 months:**

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of  $\geq$  20 cases per 100,000 population.