Manhattan College Health Services DOB: ID#: Student name: Part 1. Tuberculosis (TB) Screening Ouestionnaire (to be completed by all incoming students) Please answer the following questions: Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes □ No Were you born in one of the countries or territories listed below that have a high incidence of active TB ☐ Yes □ No disease? (If yes, please CIRCLE the country, below) Afghanistan Comoros Namibia Somalia Iraq Algeria Kazakhstan Congo Nauru South Africa Côte d'Ivoire Angola South Sudan Kenya Nepal Democratic People's Republic Anguilla Kiribati New Caledonia Sri Lanka Argentina Kuwait Nicaragua Sudan Democratic Republic of the Armenia Kyrgyzstan Suriname Niger Lao People's Democratic Swaziland Azerbaijan Congo Nigeria Bangladesh Republic Northern Mariana Syrian Arab Republic Djibouti Belarus Dominican Republic Latvia Islands Tajikistan Belize Ecuador Lesotho Pakistan Tanzania (United El Salvador Palau Republic of) Benin Liberia Equatorial Guinea Thailand Bhutan Libya Panama Bolivia (Plurinational State of) Eritrea Lithuania Papua New Guinea Timor-Leste Bosnia and Herzegovina Ethiopia Madagascar Paraguay Togo Botswana Fiji Malawi Peru Tunisia Brazil Gabon Malaysia **Philippines** Turkmenistan Brunei Darussalam Gambia Maldives Portugal Tuvalu Uganda Bulgaria Georgia Mali Qatar Burkina Faso Marshall Islands Republic of Korea Ukraine Ghana Burundi Greenland Mauritania Republic of Moldova Uruguay Cabo Verde Guam Mauritius Romania Uzbekistan Cambodia Guatemala Russian Federation Mexico Vanuatu Micronesia (Federated Venezuela (Bolivarian Cameroon Guinea Rwanda Central African Republic Guinea-Bissau States of) Sao Tome and Principe Republic of) Chad Guyana Mongolia Senegal Viet Nam China Haiti Montenegro Serbia Yemen China, Hong Kong SAR Honduras Morocco Sierra Leone Zambia China, Macao SAR Mozambique Zimbabwe India Singapore Colombia Indonesia Myanmar Solomon Islands Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/. Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with ☐ Yes ☐ No a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, ☐ Yes □ No long-term care facilities, and homeless shelters)? Have you been a volunteer or health care worker who served clients who are at increased risk for active ☐ Yes □ No TB disease? Have you ever been a member of any of the following groups that may have an increased incidence of ☐ Yes □ No

If the answer is YES to any of the above questions, <u>Manhattan College</u> requires that you receive TB testing as soon as possible prior to the start of the semester). Complete Part 2

If the answer to all of the above questions is NO, no further testing or further action is required.

latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing

drugs or alcohol?

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

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Part 2. C	Linical Assessment	(to be completed by healthcare provider	if needed)
Part I are ca	•	the information in Part I. Persons answering oux tuberculin skin test (TST) or Interferon Cen documented.	
History of a	positive TB skin test or I	IGRA blood test? (If yes, document below)	YesNo
History of E	BCG vaccination? (If yes,	, consider IGRA if possible.)	YesNo
1. TB Sympt	tom Check		
Does the st	udent have signs or sym	ptoms of active pulmonary tuberculosis di	isease? YesNo
If No, proce			
If yes, check	k below:		
☐ Chest☐ Loss o	of appetite blained weight loss	s)	
	h additional evaluation to	exclude active tuberculosis disease includin	g tuberculin skin testing, che
	putum evaluation as indic		_
(TST result		tual millimeters (mm) of induration, transver ould be based on mm of induration as well as	
Date Given:	<u> </u>	Date Read: / / Y	
Result:	mm of induration	**Interpretation: positivenegative	
	://	Date Read: /// M D Y	
Date Given:	mm of induration	**Interpretation: positivenegative	
	ion guidelines		
**Interpretati **Interpretati *5 mm is posi Recent cle persons w organ tran	tive: ose contacts of an individual with fibrotic changes on a prior	rith infectious TB chest x-ray, consistent with past TB disease munosuppressed persons (including receiving equivale	nt of >15 mg/d of prednisone for >1

>15 mm is positive:

• persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

ent name:	D0	OB:		ID#:	
3. Interferon Gamma Release Assay	(IGRA)				
Date Obtained: /// M D Y	(specify method) (QFT-GIT	T-Spot	other	-
Result: negative positive	indeterminate	borderlin	e(T-Sp	oot only)	
Date Obtained: / / / M D Y	(specify method)	QFT-GIT	T-Spot	other	-
Result: negative positive	indeterminate	borderlin	e(T-Sp	oot only)	
4. Chest x-ray: (Required if TST or	IGRA is positive)				
Date of chest x-ray:///	Result: normala	abnormal_			
Management of Positive TST	or IGRA				
All students with a positive TST or IGRA recommendation to be treated for latent	•			•	
recommendation to be treated for latent? are at increased risk of progression from possible. Infected with HIV Recently infected with <i>M. tuberculos</i> . History of untreated or inadequately consistent with prior TB disease Receiving immunosuppressive thera corticosteroids equivalent to/greater organ transplantation Diagnosed with silicosis, diabetes m Have had a gastrectomy or jejunoilea. Weigh less than 90% of their ideal b Cigarette smokers and persons who a	TB with appropriate me LTBI to TB disease are sis (within the past 2 yeare treated TB disease, incompy such as tumor necreathan 15 mg of prednisorellitus, chronic renal fall bypass ody weight abuse drugs and/or alcompted.	edication. Ind should be ears) cluding per osis factor-cone per day ailure, leuk	However, be prioritize sons with alpha (TN or immu	students in the ded to begin to the fibrotic channels of the fibrotic c	ne following groups reatment as soon as ages on chest radiograph ts, systemic we drug therapy followi
recommendation to be treated for latent? are at increased risk of progression from possible. Infected with HIV Recently infected with <i>M. tuberculos</i> . History of untreated or inadequately consistent with prior TB disease Receiving immunosuppressive thera corticosteroids equivalent to/greater organ transplantation Diagnosed with silicosis, diabetes mHave had a gastrectomy or jejunoilead Weigh less than 90% of their ideal bCigarette smokers and persons who are	TB with appropriate me LTBI to TB disease are sis (within the past 2 yeare treated TB disease, incompy such as tumor necreathan 15 mg of prednisorellitus, chronic renal fall bypass ody weight abuse drugs and/or alcompted.	edication. Ind should be ears) cluding per osis factor-cone per day ailure, leuk	However, be prioritize sons with alpha (TN or immu	students in the ded to begin to the fibrotic channels of the fibrotic c	ne following groups reatment as soon as ages on chest radiograph ts, systemic we drug therapy followi

 $Recommended\ by\ ACHA's\ Tuberculosis\ Guidelines\ Task\ Force$