

## Part I: Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had close contact with persons known or suspected to have active TB disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please <b>CIRCLE</b> the country below.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided in or traveled to one or more of the countries or territories listed below for a period of one to three months or more? (If yes, <b>CHECK</b> the countries or territories above)	<input type="checkbox"/> Yes <input type="checkbox"/> No



If you answered **YES** to any of the above questions, Boston College requires that you receive TB testing prior to the start of your first enrolled term). The significance of any travel exposure should be reviewed with a healthcare provider.

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If the answer to all the above questions is **NO**. No further testing or further action is required.

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

## Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.

- History of a positive TB skin test or IGRA blood test? (If yes, see the document below.  Yes  No
- History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes  No

### 1. TB Symptom Check

- Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes  No
  - If no, proceed to 2 or 3.
  - If yes, check below:

- |  |  |
|--|--|
| <input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production | <input type="checkbox"/> Loss of appetite        |
| <input type="checkbox"/> Coughing up blood (hemoptysis)  | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Chest pain  | <input type="checkbox"/> Night sweats            |
|  | <input type="checkbox"/> Fever                   |

Proceed with additional evaluation to exclude active tuberculosis disease, including chest x-ray (PA and lateral) and sputum evaluation as indicated.

### 2. Interferon Gamma Release Assay (IGRA)

**Date Obtained:** \_\_\_/\_\_\_/\_\_\_ (specify method) QFT T-Spot other: \_\_\_\_\_  
**Result:**  Negative  Positive  Indeterminate  Borderline (T-Spot only)

**Date Obtained:** \_\_\_/\_\_\_/\_\_\_ (specify method) QFT T-Spot other: \_\_\_\_\_  
**Result:**  Negative  Positive  Indeterminate  Borderline (T-Spot only)

### 3. Tuberculin Skin Test (TST)

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.) \*\*

**Date Given:** \_\_\_/\_\_\_/\_\_\_ **Date Read:** \_\_\_/\_\_\_/\_\_\_  
**Result:** \_\_\_\_\_mm of induration **Interpretation:**  Negative  Positive

**Date Given:** \_\_\_/\_\_\_/\_\_\_ **Date Read:** \_\_\_/\_\_\_/\_\_\_  
**Result:** \_\_\_\_\_mm of induration **Interpretation:**  Negative  Positive

#### \*\*Interpretation guidelines:

>5 mm is positive:	<ul style="list-style-type: none"> <li>• Recent close contact of an individual with infectious TB</li> <li>• Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease</li> <li>• Organ transplant recipients and other immunosuppressed persons (including receiving the equivalent of &gt;15 mg/d of prednisone for &gt;1 month.)</li> <li>• HIV-infected persons</li> </ul>
>10 mm is positive:	<ul style="list-style-type: none"> <li>• Foreign-born or travelers to the U.S. from high prevalence areas or who resided in one for a significant* amount of time</li> <li>• Injection drug users</li> <li>• Mycobacteriology laboratory personnel</li> <li>• Residents, employees, or volunteers in high-risk congregate settings</li> <li>• Persons with medical conditions that increase the risk of progression to TB disease, including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight</li> </ul> <p><i>*The significance of the travel exposure should be discussed with a healthcare provider and evaluated.</i></p>
>15 mm is positive:	<ul style="list-style-type: none"> <li>• Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.</li> </ul>

**4. Chest x-ray: (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of symptoms.)**

Date of Chest X-ray: \_\_\_/\_\_\_/\_\_\_

Interpretation: normal abnormal

**Part III. Considerations for Treatment of LTBI**

In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Students in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiographs consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol

**MEDICATION SECTION**

Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results?

Yes  No

- Does the patient decline treatment at this time?  No
- Does the patient agree to receive treatment?  Yes \_\_\_\_\_
- Indicate medication(s) prescribed? Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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**HEALTH CARE PROVIDER**

\_\_\_\_\_  
 Signature of Provider Printed Name Date

\_\_\_\_\_  
 Mailing Address Office Phone

