

## American University Tuberculosis (TB) Screening Questionnaire

NAME: \_\_\_\_\_ AUID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Part I: Tuberculosis (TB) Screening Questionnaire – To Be Completed Online

All incoming students regardless of age need to complete the online screening form on the student health portal available at [american.studenthealthportal.com](http://american.studenthealthportal.com). You will need to Select “My Forms” and then Tuberculosis Screening Form. A copy of the online form is below.

Please answer the following questions online:

1. Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No
2. Were you born in one of the countries listed below that have a high incidence of active TB disease?  Yes  No  
(If YES, please CIRCLE the country, below)

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

3. Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CIRCLE the countries, above)  Yes  No
4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  Yes  No
6. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

If the answer is YES to any of the above questions, American University requires you to be tested for TB. Please bring this document with you to your Medical Provider who will need to complete the Clinical Assessment by Healthcare Provider form.

If the answer to all of the above questions is NO, no further action is required. You still need to submit this form online.

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## PART II. CLINICAL ASSESSMENT BY HEALTHCARE 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.

**ALL INTERNATIONAL STUDENTS WHO REQUIRE FOLLOW-UP TESTING MUST HAVE IGRA BLOOD TESTING PERFORMED BY A US LABORATORY BEFORE THE FIRST DAY OF CLASSES. TB SKIN TESTS OR IGRA TESTS NOT CONDUCTED IN THE USA WILL NOT BE ACCEPTED.**

History of a positive TB skin test or IGRA blood test? (If yes, document below)  Yes  No

History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes  No

### 1. TB Symptom Check<sup>1</sup>

Does the student have signs or symptoms of active pulmonary tuberculosis disease?  Yes  No

\*If NO, proceed to 2 and 3. If YES, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Result: \_\_\_\_\_ mm of induration      \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  M    D    Y

Result: \_\_\_\_\_ mm of induration      \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

#### \*\*Interpretation guidelines

##### ≥5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

##### ≥10 mm is positive:

- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregatesettings
- 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 jejunoileal bypass and weight loss of at least 10% below ideal body weight.

##### ≥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.

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

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_(T-Spot only)

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_(T-Spot only)

### 4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result: normal\_ abnormal\_

## PART III: MANAGEMENT OF POSITIVE TST OR IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to 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 radiograph 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 smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

\_\_\_\_ Student agrees to receive treatment

\_\_\_\_ Student declines treatment at this time

### Required Signature of Healthcare Provider:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZipCode: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Completed Forms can be faxed to 202-885-1222 or scanned and emailed to [shc@american.edu](mailto:shc@american.edu).