Three Rivers College THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

Part I: <u>Tuberculosis (TB) Screening Questionnaire</u> (to be completed by incoming students)

Please answer the followin	g questions:						
Have you ever had close co	ontact with persons known or	suspected to have active T	TB disease?	☐ Yes	s [ם 1	No
Were you born in one of th disease? (If yes, please CIF	ne countries or territories liste RCLE the country, below)	d below that have a high in	ncidence of active TB	☐ Yes	s []	No
	Comoros Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Ethiopia Fiji Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea-Bissau Guyana Haiti Honduras India Indonesia		Namibia Nauru Nepal New Caledonia Nicaragua Niger Nigeria Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Sao Tome and Principe Senegal Serbia Sierra Leone Singapore Solomon Islands	Somalia South Afr South Such Sri Lanka Sudan Suriname Swazilan Syrian Ar Tajikistar Tanzania Republ Thailand Timor-Let Togo Tunisia Turkment Tuvalu Uganda Ukraine Uruguay Uzbekista Vanuatu Venezuel Republ Viet Nam Yemen Zambia Zimbabw	dan d d rab Rep (Unite ic of) este istan (a (Boli ic of) re	d	an
Have you had frequent or p	orolonged visits* to one or mosease? (If yes, CHECK the co	ore of the countries or terri		☐ Yes	s [ו ב	No
	nd/or employee of high-risk			☐ Yes	s []	No
	or health care worker who se	erved clients who are at inc	creased risk for active	☐ Yes	s []	No
	mber of any of the following ection or active TB disease:			☐ Yes	s []	No
	S to any of the above quest g in your initial courses.	ions, Three Rivers College	e requires that you receiv	e TB testi	ng		

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

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

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, 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:
 □ 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://_ Date Read:// M D Y
Result: mm of induration **Interpretation: positive negative
Date Given:/ Date Read://_ M D Y Date Read://_ M D Y
Result: mm of induration Interpretation: positive negative * The significance of the travel exposure should be discussed with a health care provider and evaluated.
3. Interferon Gamma Release Assay (IGRA)
Date Obtained:/ (specify method) QFT-GIT T-Spot other
Result: negative positive indeterminate borderline (T-Spot only)
Date Obtained:/ (specify method) QFT-GIT T-Spot other
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

Date:

Part III. Management of Positive TST or IGRA

Signature:

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 jejunoileal bypass ☐ Weigh less than 90% of their ideal body weight ☐ Cigarette smokers and persons who abuse drugs and/or alcohol ___Student agrees to receive treatment Student declines treatment at this time Health Care Professional Signature Health Care Facility Name By signing, I indicate that the information provided has not been falsified and is accurate to the best of my knowledge. Signature is required to process Tuberculosis Screening Form. Name: _____ DOB: (Print – First Middle Last)

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a