ACHA Guidelines: Tuberculosis Screening and Targeted Testing for Three Rivers College
(to be completed as part of the Application for Admission)

Part I: Tuberculosis (TB) Screening Questionnaire
Directions: Complete Part I. If you answered YES to any question, Three Rivers College requires that you receive TB testing before it will process your admissions application. Take it to a health care provider along with Parts II and III to be completed by the health care provider. If you answered NO to all of the following questions, no further testing or further action is required. Circle your answers.

Q. Have you ever had close contact with persons known or suspected to have active TB disease?  YES  NO

Q. Were you born in one of the countries listed below that have a high incidence of active TB disease?  YES  NO

Afghanistan  Congo  Cote d’Ivoire  Iraq  Japan  Nepal  Nicaragua  Sudan
Algeria  Angola  Argentina  Armenia  Azerbaijan  Bangladesh  Belarus  Benin  Bhutan  Bolivia  Bosnia and Herzegovina  Botswana  Brazil  Brunei Darussalam  Bulgaria  Burkina Faso  Burundi  Cambodia  Cameroon  Cape Verde  Central African Republic  Chad  China  Colombia  Comoros

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata
Q. Have you had frequent or prolonged visits to one or more of any of the countries listed above?  

YES  NO

Q. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, homeless shelters)?  

YES  NO

Q. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? 

YES  NO

Q. 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

Note: 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 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  M  D  Y

Result: _________ mm of induration  **Interpretation: positive ______ negative ______

Date Given: _____/_____/______ Date Read: _____/_____/______

M  D  Y  M  D  Y

Result: _________ mm of induration  **Interpretation: positive ______ negative ______
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 jejunooileal 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

________________________________________________________________________

________________________________________________________________________

Health Care Professional Signature ___________________________ Date __________
Part IV. Submit Assessment to College
Completed assessments should be mailed to Enrollment Services at Three Rivers College for a review of the assessment and determination of admissions to the College.

Completed assessments can be mailed along with your completed Application for Admission to:
Three Rivers College
Enrollment Services
2080 Three Rivers Blvd
Poplar Bluff, MO 63901