TB Screening Questionnaire for International Students

Name: ___________________________ Student ID ___________________________ Date of Birth: __________

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 disease? (If yes, please CIRCLE the country, below.)    ☐ Yes    ☐ No

Afghanistan    China, Macao SAR
Algeria    Colombia
Angola    Comoros
Anguilla    Congo
Argentina    Democratic People's Republic of Korea
Armenia    Democratic Republic of the Congo
Azerbaijan    Djibouti
Belarus    Dominican Republic
Belize    Ecuador
Benin    El Salvador
Bhutan    Equatorial Guinea
Bolivia (Plurinational State of)    Eritrea
Bosnia and Herzegovina    Eswatini
Botswana    Ethiopia
Brazil    Fiji
Brunei Darussalam    French Polynesia
Bulgaria    Gabon
Burkina Faso    Gambia
Burundi    Georgia
Côte d'Ivoire    Ghana
Cabo Verde    Greenland
Cambodia    Guam
Cameroon    Guatemala
Central African Republic    Guinea
Chad    Guinea-Bissau
China    Haiti
China, Hong Kong SAR    Honduras


Have you had frequent or prolonged visits to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above)    ☐ Yes    ☐ No

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)?    ☐ Yes    ☐ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?    ☐ Yes    ☐ No

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 - Lewis University requires that you receive TB testing as soon as possible. Please complete page 2 of this document.

If the answer to all the above questions is NO - no further testing or action is required.
Tuberculosis (TB) Testing Form for International Students

IMPORTANT: If you have previously tested positive for Tuberculosis or have been diagnosed with TB, repeat TB testing is not needed, however, medical follow-up is REQUIRED. Contact Lewis University Health Services (815-836-5455) for further guidance.

International students without a history of a positive TB test or diagnosis, and who answer YES to any of the TB Screening questions must receive a 2 step TB skin test (PPD/Mantoux) or a TB blood test (IGRA) administered and reported as described below.

- A chest x-ray will NOT be accepted as a substitute for a TB test; however, a chest x-ray is required and must be performed in the U.S., if the TB test is positive.
- The TB testing requirement applies regardless of BCG vaccination.
- The TB test must be performed within 6 months of arrival on campus or must be repeated.

<table>
<thead>
<tr>
<th>First and Last Name of Student:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Email:</td>
<td>Home Address, City, State, Country</td>
</tr>
</tbody>
</table>

The TB test results below must be entered by a licensed Healthcare Provider

Two-step TB skin test (TST) means 2 separate tests administered 7-28 days apart. If there is documentation of a negative TST within the prior 12 months, only one TST needs to be done and this is considered the 2nd of the two-step test.

1st step Date given (MM/DD/YY) ___________ Date read (MM/DD/YY) ___________ mm induration ___________ □ Negative □ Positive
2nd step Date given (MM/DD/YY) ___________ Date read (MM/DD/YY) ___________ mm induration ___________ □ Negative □ Positive

OR

TB IGRA Blood Test Results (T-Spot or QuantiFERON-TB Gold) MUST BE IN ENGLISH AND INCLUDE LAB REPORT

IMPORTANT: May be performed outside of the U.S. however, difficulty with English translation, interpretation of results or legibility of documents may result in having to repeat the test.

- If either test is positive, a chest x-ray must be performed in the U.S. on or after the dates listed above.
  - Chest X-Ray Results:  □ Normal  □ Abnormal  DATE OF X-RAY (MM/DD/YY)
- History of treatment for tuberculosis infection: □ Yes  □ No  START DATE (MM/DD/YY)
  - DURATION OF TREATMENT

To be completed by Licensed Health Care Provider (MD, DO, NP, PA):

Printed Name of Health Care Provider: __________________________________________

Signature of Health Care Provider: __________________________________________

Address: ____________________________________________________________________

Phone Number: ___________________________ Date: __________________________