

# Tuberculosis (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 high incidence of active TB disease?  
(If yes, please CIRCLE the country, below.) Yes  No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of  $\geq 20$  cases per 100,000 population.

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CIRCLE 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 you answered YES to any of the above questions, Lewis University requires that you receive TB testing prior to the start of your first enrolled term.**

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

# Tuberculosis (TB) Testing 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 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.

Name of Student: _____	Date of Birth: _____	
Student ID: _____	Phone Number: _____	Email: _____
Home Address, City, State, Country: _____		

**The TB results below must be entered by 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 2<sup>nd</sup> of the 2 steps.

1<sup>st</sup> step Date given (MM/DD/YY) \_\_\_\_\_ Date read (MM/DD/YY) \_\_\_\_\_ mm induration \_\_\_\_\_  Negative  Positive

2<sup>nd</sup> 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 THE LAB REPORT**

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

Date of Test \_\_\_\_\_  Negative  Positive  
(MM/DD/YY)

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

**To be Completed by a Licensed Health Care Provider (MD, DO, NP, PA):**

Printed Name of Health Care Provider: \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



Office Stamp