	LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB (M/D/Y)	
TURF	RCULOSIS (TB) SCREENING	3 FORM (REQUIRED I	RY ALL STUDENTS)		
	TOOLOGIO (TD) CONCELIUM	JI OILIII (ILEGOILED I	JI NEE GIGBEITIC		
<u>PI</u>	ease answer the following of				
1.	,				
2.				tive TB disease?YesNo	
3.	Were you born in one of the				
4.					
5.	term care facility or homeless shelter)?YesNo				
6.	•	,		are at increased rick of active tuberculosis	
0.	6. Have you been a volunteer or health care worker who served clients who are at increased risk of active tuberculosis disease?YesNo				
7.	7. Have you ever been a member of any of the following groups that may have an increased incidence of latent or				
	active TB disease: medical	y underserved, low inc	ome, or those abusing	g drugs or alcohol?YesNo	
8.	Any history of immune supp	ression due to illness o	r medications?	YesNo	
9.	History of BCG vaccination?	(History of BCG is not	a contraindication to T	TB testing) YesNo	
10	10. Do you have signs or symptoms of active pulmonary Tuberculosis? (Cough > 3 weeks, with or without blood, chest				
	pain, unexplained weight los	ss, fevers, night sweats	, loss of appetite)	YesNo	
11	. Are you an Education Major	?YesNo ALL	<b>EDUCATION MAJO</b>	ORS REQUIRE TB TESTING	
	onesia, Kenya, Lesotho, Liber Philippines, Sierra	ia, Mongolia, Mozambio	que, Myanmar, Namibi nailand, Uganda, UR T	orea, DR Congo, Ethiopia, Gabon, India, ia, Nigeria, Pakistan, Papua New Guinea, Tanzania, Vietnam, Zambia	
	(300,700,7	me great meterer mg			
If the a	answer to all of the above q	uestions is NO, no TE	testing is needed.		
، ماد کا	anamaria VEC ta any of the	s above assertions. Fli	-abathtawa Callaga ya	and the transfer of DDD (Mantaux TD	
		=	_	equires that you receive a PPD/Mantoux TB	
		• • •	•	ible, but at least 6 months prior to the start of	
the sei	mester. Chest x-ray is require	d for anyone with a hist	ory of a positive tuberd	culosis skin or blood test.	
Tuk	perculin Skin Test/PPD	Interfer	on Gamma Releas	se Chest x-ray: (Required if	
	ntoux Skin Test	Assay (		TST or IGRA is positive)	
14101	HOMA OMIT TOST	Assay			
Date	e Placed://	Date obte	nined://	Date of Chest x-ray://	
Date	e Read://		ircle one): negative	Or Pagult (girale and): Narmal an	
	ultmm of induration		or indeterminate	Result (circle one): Normal or Abnormal	

## Interpretation guidelines:

negative or positive

Interpretation (circle one):

<u>>5mm is positive</u>: recent close contacts of an individual with infectious TB, persons with fibrotic changes on a prior chest xray, organ transplant recipients or other immunosuppressed persons. HIV infected persons.

results.

>10mm is positive: recent arrivals to the US (< 5 yrs) from high prevalence areas or who resided in one for a significant amount of time, injection drug users, mycobacterial lab personnel, residents, employees or volunteers in high risk congregate settings. Persons with medical conditions that increase the risk of progression to TB disease: silicosis, diabetes mellitus, chronic renal failure, certain types of cancer, gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

Please attach copy of lab test

>15 mm is positive: persons with no known risk factors for TB.

Please attach a copy of x-ray

report.