

PPD/Tuberculin Skin Test

Is student a member of a high risk group?
 Please see targeted testing guidelines at:
www.cdc.gov/tb/publications/lbi/targetedtesting.htm

Date Placed: Month ___ Day ___ Year ___
Date Read: Month ___ Day ___ Year ___

Result: ___ mm induration
 ___ Positive ___ Negative

TUBERCULOSIS (TB) RISK QUESTIONNAIRE Required - To be completed by ALL students:

1. Have you ever had a positive tuberculosis skin test or blood test in the past? Yes No
2. To the best of your knowledge, have you ever had close contact with anyone who was sick with TB?..... Yes No
3. Were you born in one of the countries listed below? * Yes No
4. Have you traveled or lived for more than one month in any of the countries listed below? * Yes No
5. Have you ever had changes on a prior chest x-ray suggesting inactive or past TB disease? Yes No
6. Do you have a medical condition associated with increased risk of progressing to TB disease if infected, such as diabetes, chronic renal failure, leukemia or lymphomas, low body weight, HIV/AIDS, gastrectomy or intestinal bypass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone >15 mg/day for >1 month), other immunosuppressive disorders, or are you an organ transplant recipient?..... Yes No
7. Have you been a volunteer, employee or resident in a high-risk congregate setting such as a prison, nursing Home, hospital, homeless shelter, residential facility or other health care facility in the past 12 months?..... Yes No
8. Do you have a history of illicit drug use?..... Yes No

* Angola, Bangladesh, Brazil, Central African Republic, China, Congo, DPR Korea, DR Congo, Ethiopia, India, Indonesia, Kenya, Lesotho, Liberia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Russian federation, Sierra Leone, South Africa, Thailand, Ukraine, UR Tanzania, Viet Nam, Zambia, Zimbabwe

If you answer NO to all of the above questions, no further action is required. If you answer YES to any of the above questions, you are required to have a Mantoux tuberculin skin test (TST) or TB blood test (IGRA) within 6 months prior to beginning classes. Prior BCG does not exempt students from this requirement. If your TST or TB blood test is positive, please attach chest x-ray results that were completed in the USA. All TB testing must be the same day or 28 days after any live vaccines.

<p>TB SKIN TEST- Use Mantoux test only</p> <p>Date Planted: ___/___/___ Interpretation: Neg. <input type="checkbox"/> Date Read: ___/___/___ Pos. <input type="checkbox"/></p> <p>___ mm induration (if no induration, mark "0")</p>	<p>-OR- TB BLOOD TEST</p> <p>Quantiferon: <input type="checkbox"/>* T-Spot: <input type="checkbox"/>* Date: ___/___/___</p> <p>Result: Neg. <input type="checkbox"/> Pos. <input type="checkbox"/> *Enclose copy of lab report</p>	<p>CHEST X-RAY*</p> <p>Chest X-Ray Date ___/___/___ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</p> <p>*Enclose copy of USA X-Ray Report</p>
<p>MEDICATION TREATMENT FOR TB:</p> <p>Drug: _____ Dose & Frequency _____ Treatment Start Date: ___/___/___ End Date: ___/___/___</p>		

Healthcare Provider Name	Provider Signature	Date
Provider Address	Provider Telephone	Provider Fax