## Colorado College Tuberculosis (TB) Screening Questionnaire

Name:		Da	te of Birth:				
Have you ever had close co	ontact with persons known or s	suspected to have active TE	3 disease?	□ Y	es [	□ No	
Were you born in one of th	ive TR disease?	□ Y	ec [	□ No			
(If yes, please CIRCLE the		ave a night includince of act	ive 1B disease:		28	<b>–</b> 110	
Afghanistan Algeria Angola Argentina Armenia Azerbaijan Bahrain Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China Colombia Comoros Congo	Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji Gabon Gambia Georgia Ghana Guatemala Guinea-Bissau Guyana Haiti Honduras India Indonesia Iran (Islamic Republic of) Iraq Kazakhstan	Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia (Federated States of) Mongolia Morocco Mozambique Myanmar Namibia Nauru Nepal	Nicaragua Niger Nigeria Niue Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Poland Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Saint Vincent and the Grenadines Sao Tome and Principe Senegal Serbia Seychelles Sierra Leone Singapore Solomon Islands Somalia	South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Tajikistan Thailand Timor-Leste Togo Trinidad and Tot Tunisia Turkey Turkmenistan Tuvalu Uganda Ukraine United Republic Tanzania Uruguay Uzbekistan Vanuatu Venezuela (Boliv Republic of) Viet Nam Yemen Zambia Zimbabwe		of	
Have you had frequent or prevalence of TB disease?	obal Health Observatory, Tuberculosis In.int/ghodata.  prolonged visits* to one or more (If yes, CHECK the countries, travel exposure should be discussed)	re of the countries listed ab , above)	ove with a high	O populatio		□ No	
Have you been a resident a long-term care facilities, as	and/or employee of high-risk cond homeless shelters)?	ongregate settings (e.g., con	rrectional facilities,	□ Y	es [	□ No	
Have you been a volunteer TB disease?	or health-care worker who sen	rved clients who are at incr	eased risk for active	□ Y	es [	□ No	
	ember of any of the following ection or active TB disease –			□ Y	es [	□ No	
	ES to any of the above question but at least prior to the start of		ires that you receive TB	testing			
Part II: Health Care I	Provider Verification						
☐ Student is low risk (ans	and verify the information in wered NO to all above questice isk for TB exposure, so should	ons), so no further testing o	r action is recommended				
Healtl	n Care Professional Signature		Date				

## Part III. Clinical Assessment by Health Care Provider

(TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test	has been de	ocumented.
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 <sup>1</sup> Does the student have signs or symptoms of active pulmonary tuberculosis dis If No, proceed to 2 or 3 If yes, check below:		
<ul> <li>Cough (especially if lasting for 3 weeks or longer) with or without sputum processing coughing up blood (hemoptysis)</li> <li>Chest pain</li> <li>Loss of appetite</li> <li>Unexplained weight loss</li> <li>Night sweats</li> <li>Fever</li> </ul>	oduction	
Proceed with additional evaluation to exclude active tuberculosis disease including x-ray, and sputum evaluation as indicated.	tuberculin	skin testing, chest
2. Tuberculin Skin Test (TST)  (TST result should be recorded as actual millimeters (mm) of induration, transverse write "0". The TST interpretation should be based on mm of induration as well as a Date Given: //		
Result: mm of induration **Interpretation: positive negative_ Date Given:// Date Read:// M D Y		
Result: mm of induration **Interpretation: positive negative_		
**Interpretation guidelines		
>5 mm is positive:  Recent close contacts of an individual with infectious TB  persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease  organ transplant recipients and other immunosuppressed persons (including receiving equivaler  HIV-infected persons	at of >15 mg/s	d of prednisone for >1 month.)
<ul> <li>&gt;10 mm is positive:</li> <li>recent arrivals to the U.S. (&lt;5 years) from high prevalence areas or who resided in one for a sig</li> <li>injection drug users</li> <li>mycobacteriology laboratory personnel</li> <li>residents, employees, or volunteers in high-risk congregate settings</li> <li>persons with medical conditions that increase the risk of progression to TB disease including si failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), weight loss of at least 10% below ideal body weight.</li> </ul>	licosis, diabet	es mellitus, chronic renal

Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test

## >15 mm is positive:

persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be

<sup>\*</sup> The significance of the travel exposure should be discussed with a health care provider and evaluated.

3. Interferon Gamma Release Assay (IC	JKA)				
Date Obtained://	(specify method)	QFT-GIT	T-Spot	other	
	:	ميناسما ميانيم	(Т.Ω		
Result: negative positive	indeterminate	_ borderiine	(1-5	opot only)	
Date Obtained://	(specify method)	QFT-GIT	T-Spot	other	
Result: negative positive	indeterminate	_ borderline	e (T-S	Spot only)	
4. Chest x-ray: (Required if TST or Date of chest x-ray:////					
Health Care Professi	onal Signature			Da	ite
Part IV. Management of Positive TS	T or IGRA (to be	completed by p	orovider a	t Colorado Coll	lege Student Health Center)
All students with a positive TST or IGRA recommendation to be treated for latent T are at increased risk of progression from possible.  ☐ Infected with HIV ☐ Recently infected with M. tuberculose Consistent with prior TB disease ☐ Receiving immunosuppressive therap equivalent to/greater than 15 mg of progression transplantation ☐ Diagnosed with silicosis, diabetes me ☐ Have had a gastrectomy or jejunoileated Weigh less than 90% of their ideal boo ☐ Cigarette smokers and persons who also Populations defined locally as having an increase populations ☐ Student agrees to receive treatment at this	TB with appropriate LTBI to TB disease is (within the past 2 reated TB disease, it is to the past 2 reated TB disease, it is to the past 2 reated TB disease, it is to the past 2 reated TB disease, it is to the past 2 reated TB disease, it is to the past 2 reated TB disease of the past 2 reated TB disease	e medication. It is and should be and should be years) including persecrosis factor-a or immunosup failure, leuke	However, be prioriti ons with lpha (TN pressive of mia, or ca	fibrotic changers and the second seco	ne following groups reatment as soon as ges on chest radiograph s, systemic corticosteroids following organ ead, neck, or lung
Health Care Professiona				Date	