



# Dartmouth College

Health Service at Dick Hall's House  
7 Rope Ferry Road, Hanover, NH 03755  
phone: (603) 646-9400 fax: (603) 646-9410

## PART I: Tuberculosis Screening Form

**DUE DATE: June 30, 2015**

***\*Form requires completion by student***

Student Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

- |                                   |                                       |                                  |                                  |   |
|-----------------------------------|---------------------------------------|----------------------------------|----------------------------------|---|
| Afghanistan                       | Côte d'Ivoire                         | Kenya                            | Niger                            | Suriname                                  |
| Algeria                           | Democratic People's Republic of Korea | Kiribati                         | Nigeria                          | Swaziland                                 |
| Angola                            |                                       | Kuwait                           | Niue                             | Tajikistan                                |
| Argentina                         | Democratic Republic of the Congo      | Kyrgyzstan                       | Pakistan                         | Thailand                                  |
| Armenia                           |                                       | Lao People's Democratic Republic | Palau                            | The former Yugoslav Republic of Macedonia |
| Azerbaijan                        | Djibouti                              |                                  | Panama                           | Timor-Leste                               |
| Bangladesh                        | Dominican Republic                    | Latvia                           | Papua New Guinea                 | Togo                                      |
| Belarus                           | Ecuador                               | Lesotho                          | Paraguay                         | Trinidad and Tobago                       |
| Belize                            | El Salvador                           | Liberia                          | Peru                             | Tunisia                                   |
| Benin                             | Equatorial Guinea                     | Libyan Arab Jamahiriya           | Philippines                      | Turkey                                    |
| Bhutan                            | Eritrea                               | Lithuania                        | Poland                           | Turkmenistan                              |
| Bolivia (Plurinational State of)  | Estonia                               | Madagascar                       | Portugal                         | Tuvalu                                    |
| Bosnia and Herzegovina            | Ethiopia                              | Malawi                           | Qatar                            | Uganda                                    |
| Botswana                          | Fiji                                  | Malaysia                         | Republic of Korea                | Ukraine                                   |
| Brazil                            | Gabon                                 | Maldives                         | Republic of Moldova              | United Republic of Tanzania               |
| Brunei Darussalam                 | Gambia                                | Mali                             | Romania                          | Uruguay                                   |
| Bulgaria                          | Georgia                               | Marshall Islands                 | Russian Federation               | Uzbekistan                                |
| Burkina Faso                      | Ghana                                 | Mauritania                       | Rwanda                           | Vanuatu                                   |
| Burundi                           | Guatemala                             | Mauritius                        | Saint Vincent and the Grenadines | Venezuela (Bolivarian Republic of)        |
| Cambodia                          | Guinea                                | Mexico                           | Sao Tome and Principe            | Viet Nam                                  |
| Cameroon                          | Guinea-Bissau                         | Micronesia (Federated States of) | Senegal                          | Yemen                                     |
| Cape Verde                        | Guyana                                | Mongolia                         | Seychelles                       | Zambia                                    |
| Central African Republic          | Haiti                                 | Morocco                          | Sierra Leone                     | Zimbabwe                                  |
| Chad                              | Honduras                              | Mozambique                       | Singapore                        |   |
| China                             | India                                 | Myanmar                          | Solomon Islands                  |   |
| Colombia                          | Indonesia                             | Namibia                          | Somalia                          |   |
| Comoros                           | Iran (Islamic Republic of)            | Nauru                            | South Africa                     |   |
| Congo                             | Iraq                                  | Nepal                            | Sri Lanka                        |   |
| Congo, Democratic Republic of the | Japan                                 | Nicaragua                        | Sudan                            |   |
|                                   | Kazakhstan                            |                                  |                                  |   |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2011. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

- Were you born in one of the countries listed above? (If yes, please **CIRCLE** the country)  Yes  No
- Have you ever lived as a resident or traveled for more than a month in a country with high TB rates (countries above)? (If yes, **CHECK** the countries above and provide date(s) of travel/residence):  Yes  No
- Do you currently have signs of active Tuberculosis? (cough greater than 2 weeks, coughing up blood, chest pain, loss of appetite, unexplained weight loss, night sweats, fever)  Yes  No
- Do you have a history of a positive TST (Tuberculin Skin Test)? (If yes, provide date of positive test): \_\_\_\_/\_\_\_\_/\_\_\_\_  Yes  No
- Have you ever injected drugs or resided/worked in high risk settings such as prisons, nursing homes, orphanages, AIDS facilities, health care facilities, or homeless shelters? (If yes, provide dates):  Yes  No
- Do you have a clinical condition such as HIV, diabetes, chronic renal failure, leukemia, lymphoma, significant unexplained weight loss, gastrectomy, jejunioleal bypass, silicosis, prolonged immunosuppressant therapy (e.g. prednisone 15 mg/d for 1 month), head, neck or lung cancer, or other immunosuppressive disorders?  Yes  No
- Have you received the BCG vaccine (given to prevent tuberculosis)?  Yes  No  I don't know  
(If yes, provide date of vaccine. If date unknown, indicate infant, young child, adult): \_\_\_\_\_

STUDENT SIGNATURE (REQUIRED)

DATE

**-YOU MUST SUBMIT THIS COMPLETED AND SIGNED FORM TO THE MEDICAL RECORDS OFFICE AT THE DARTMOUTH COLLEGE HEALTH SERVICE.**

•If you have answered **YES** to any question, #1 through #6, Dartmouth College requires current Tuberculosis (TB) testing. Please have your health care provider complete PART II (pages 2 & 3).

•If you have answered **NO** to all questions, TB testing is **NOT** required and you do not have to submit pages 2 & 3 of this form.



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**PART II: Tuberculosis Testing Form**  
**DUE DATE: June 30, 2015**

*\*Form requires completion by health care provider*

Patient Name: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

**Step 1-** If patient has a positive Tuberculin Skin Test (TST) history, proceed directly to Step 3.

**Step 2-** Report of TST/Mantoux *OR* IGRA (Interferon Gamma Release Assay) **dated AFTER March 31, 2015\***

***\*If patient has record of a TST dated 6-8 weeks AFTER travel/residence in a high risk country or employment in a high risk setting, and there have been no new TB exposures, a new TST is not required. Record TST results below.***

**Tuberculin Skin Test (TST)**

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration (required) *Circle One*  
NEG. POS.  
 \*If TST result is  $\geq 5$ mm please refer to cut points below. If result is NEGATIVE, proceed to Step 6.  
 \*If TST result is POSITIVE, IGRA or chest x-ray is required and INH therapy is recommended. Proceed to Step 4.

**IGRA**

Date of Blood Test: \_\_\_\_\_ Name of test: \_\_\_\_\_ Result: \_\_\_\_\_ *Circle One*  
NEG. POS.  
 \*If IGRA result is NEGATIVE, x-ray and INH therapy are not required. Proceed to Step 6.  
 \*If IGRA result is POSITIVE, chest x-ray is required and INH therapy is recommended. Proceed to Step 4.

**\*Please use the cut points below to determine whether the TST reaction is positive. A measurement of '0 mm' or a measurement below the defined cut point for each category is considered negative.**

**Induration of  $\geq 5$  mm is considered positive in...**

- Human Immunodeficiency virus (HIV)-infected persons
- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients (e.g., receiving the equivalent of  $\geq 15$  mg/d of prednisone for  $\geq 1$  month)

**Induration of  $\geq 10$  mm is considered positive in...**

- Students arriving in the U.S. in the last 5 years from countries with a high prevalence of TB
- Injection drug users
- Residents and employees of the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients w/ AIDS, homeless shelters
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g., leukemia and lymphomas), other specific malignancies (e.g., carcinoma of the head, neck, or lung), weight loss of  $\geq 10\%$  of ideal body weight, gastrectomy, jejunioileal bypass)

**Induration of  $\geq 15$  mm is considered positive in...**

- Persons with no known risk factors for Tuberculosis

Please visit [http://www.cdc.gov/tb/publications/Posters/images/Mantoux\\_wallchart.PDF](http://www.cdc.gov/tb/publications/Posters/images/Mantoux_wallchart.PDF) for a reference for interpretation of mm induration reads.

**Step 3-** Report of positive TST. Record details of past positive TST in box below:

Date Administered: \_\_\_\_\_ Date Read: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration (required)

\*Proceed to Step 4.

*Tuberculosis Testing Form, continued...*

**Step 4-** Report of IGRA or chest x-ray. **NOTE: It is prudent to wait 4 weeks to do IGRA testing post positive PPD results.**

<b>IGRA</b>
Date of Blood Test: _____ Name of test: _____ Result: <i>Circle One</i> <b>NEG. POS.</b>
*If IGRA result is <b>NEGATIVE</b> , x-ray and therapy are not required. Proceed to Step 6. *If IGRA result is <b>POSITIVE</b> , chest x-ray is <u>required</u> and INH therapy is recommended.

<b>Chest X-ray</b> (A chest x-ray will not be accepted in lieu of a TST or IGRA)
Date of x-ray: _____ Result: <i>Circle One</i> NORMAL ABNORMAL*
<b>*'Abnormal' denotes signs consistent with active or old TB. If 'abnormal', copy of radiology report is required.</b>
<i>If x-ray will be older than 6 months old on September 1, 2015</i> and results did not show evidence of active TB, have there been any NEW risks for TB exposure, including residence or greater than 1 month stay in a country with high TB rates? <input type="checkbox"/> YES <input type="checkbox"/> NO
-If YES, what risks? _____
-If YES, can you verify that a subsequent chest x-ray was performed within 6 months of arrival at Dartmouth which did not show evidence of active TB? <input type="checkbox"/> YES <input type="checkbox"/> NO
-If YES, please provide date of chest x-ray: _____

**Step 5-** Report of INH Therapy

**·INH start date and duration (6 months, 9 months, etc.) must be provided when reporting INH details**

INH treatment start date: _____	Duration of treatment: _____
*Proceed to Step 6.	

**Step 6-** Authorized Signature (**REQUIRED**)

_____ SIGNATURE OF HEALTH CARE PROVIDER	( MD / DO / PA / NP / RN / LPN )	_____ DATE
_____ PRINTED/TYPED NAME OF HEALTH CARE PROVIDER	<i>provider/facility stamp here</i>	_____ TELEPHONE NUMBER

**Instructions:**

**Health care provider:**

Please complete form, sign and date, and provide patient with a copy.

**Student:**

1. Part I (TB Screening) must be submitted to the Dartmouth College Health Service (ATTN: Medical Records) even if TB testing is not required.
2. Part II (TB Testing) must be submitted to the Health Service when TB testing is required.