

Last name, first name: _____ DOB: _____



Swarthmore College Tuberculosis Screening Questionnaire

Part I to be completed by the student and Parts II, III, and IV to be completed by a healthcare professional.

Part I: Screening Questionnaire to be completed by the student

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in, or have you lived, worked or visited for more than one month in any of the following: Asia, Africa, South America, Central America or Eastern Europe? Yes No

If yes, what country/countries? _____ How long? _____

Have you been a resident and/or employee of high-risk congregate settings (correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer/healthcare worker who served clients who are at increased risk for active TB? 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 those abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Swarthmore College *requires* that you receive TB testing via blood work (IGRA) within six months of college entrance and chest X-ray, if indicated. In addition your health care provider needs to complete Parts II, III, and IV.

If the answer to all of the above questions is NO, your health care provider will need to review your answers above and complete Parts II, III, and IV.

Part II: Clinical Assessment by Health Care Provider

Does the patient have a history of a positive TB skin test or IGRA blood test? Yes No

(if YES, provide documentation of testing/chest X-ray and treatment with dates)

Does the patient have a history of receiving the BCG vaccine? Yes No

Does the patient have signs of active TB such as cough lasting longer than 3 weeks, coughing up blood, chest pain, loss of appetite, unexplained weight loss, night sweats or fevers? Yes No

(If YES, proceed with additional evaluation to exclude active TB disease)

TB testing completed via Interferon Gamma Release Assay (IGRA) (please circle one)

Test done: QFT-GIT / T-Spot Date Obtained: ___/___/___

Result: Negative ___ Positive ___ Indeterminate ___

Chest x-ray REQUIRED with positive IGRA (Must provide a copy of the X-ray report/results)

Date of chest x-ray: ___/___/___ Result: normal ___ abnormal ___

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Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest X-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

Check increased risk group below if applicable:

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

SELECT ONE:

- ___ Student agrees to receive treatment, please provide documentation of therapy and dates of treatment
- ___ Student declines treatment at this time and understands the risks associated with declining treatment
- ___ Not applicable: This student does not need treatment at this time

Part IV: Health Care Professional Attestation

I have reviewed the information included in this questionnaire with the patient, their individual risk for infection, as well as signs and symptoms of an active TB infection and when this student should seek care.

Health Care Provider Signature: _____ *Date:* _____

This form was made with guidance from the ACHA Tuberculosis Guidelines Task Force
See www.acha.org/guidelines for the most current ACHA Guidelines for Tuberculosis Screening and Targeted Testing of College and University Students.