

## APPENDIX B

### Part I: Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

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

Were you born in one of the countries listed below that have a high incidence of active TB disease?  Yes  No  
(if yes, please CIRCLE the country, below)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? (if yes, CHECK the countries, above)  Yes  No

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

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  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 abusing drugs or alcohol?  Yes  No

If the answer is YES to any of the above questions, Dakota College at Bottineau requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

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

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

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

Does the student have signs or symptoms of active pulmonary tuberculosis disease? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

### 2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

1. Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y                  M   D   Y

Result: \_\_\_\_\_ mm of induration

\*\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_

2. Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y                  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 equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

##### >10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

##### >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 tested.

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

