



## Tuberculosis Screening Form

*Please have your health care provider fill out both sides of the TB Screening Form.*

The Tuberculosis Screening form must be completed by your health care provider. Answer all questions in section I and II. If the answers to all questions are no in sections and I and II, further evaluation is not needed. Your health care provider must sign the form.

If the answers to any questions in section II are yes, a Tuberculosis skin test is required. Skin tests must have been done no longer than 12 months prior to arrival on campus and must have been performed within the U.S. or Canada. For those students coming from outside of the U.S. or Canada and who require a skin test, the test will be done at the Mount Holyoke Health Center within the student's first few days on campus.

If a chest X-ray is required, only chest X-rays done within the past 12 months and performed within the U.S. and Canada will be accepted. Chest X-rays will be done at the Mount Holyoke Health Center when indicated for those students coming from outside the U.S. and Canada.

Students with inadequate documentation will be required to come to the Health Center to clarify their status or for testing.

# Tuberculosis Screening

NAME \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH

**Section I: Prior Immunization and Testing**

A. Have you ever been immunized with BCG?

**Yes**  **No**

If yes, please give dates of immunization: \_\_\_\_\_

*History of BCG does not preclude PPD testing.*

B. Have you ever had a positive tuberculosis skin test?

If no, please proceed to Section II.

If yes, do not repeat the test. Please have provider complete **Section IV.**

**REQUIRED**

**Section II: Risk Assessment Questionnaire**

A. To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis?

B. Were you born in one of the countries with high rates of TB listed on reverse side?

C. Have you traveled or lived for more than one month in any of the countries listed on reverse side?

**REQUIRED**

**If the answer to ANY of the questions in Section II is "Yes," you are required to have a Tuberculin Skin Test. (See Section III.)  
 If all answers are "No," a skin test should NOT be done.**

**Section III: Medical Evaluation of College and University Students for Latent Tuberculosis Infection**

(All Tuberculin skin testing must be done within the United States or Canada.)

TUBERCULIN SKIN TEST\* (within 12 months prior to entrance) DATE ADMINISTERED \_\_\_\_\_

**Result (48-72 hours)** \_\_\_\_\_ **mm of induration in horizontal diameter.**

*(If no induration, mark "0.")*

\*Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine, Heaf, or Mono-vacc, not accepted. If unavailable please defer testing until you arrive at Mount Holyoke College.

**Risk-based interpretation (see reverse side)**

- NEGATIVE
- POSITIVE **If positive, please complete Section IV**

**REQUIRED IF RISKS IDENTIFIED**

**Section IV: Chest X-ray and Treatment** (Chest x-ray must be done within the United States or Canada.)

Chest x-ray required\*\* (within 12 months prior to enrollment if PPD is positive)

- NORMAL DATE \_\_\_\_\_
- ABNORMAL

Treatment (required for active tuberculosis, recommended for latent tuberculosis infections)

- YES \_\_\_\_\_  
DRUG, DOSE, FREQUENCY, AND DATES
- NO

\*\*If PPD has been positive in the past but student was not treated for active or latent TB, a chest x-ray is required within 12 months prior to enrollment.

**REQUIRED IF PPD POSITIVE**

**HEALTH CARE PROVIDER SIGNATURE REQUIRED**

**Date of Examination** \_\_\_\_\_

Name: (Print) \_\_\_\_\_ Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**REQUIRED**

## COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)\*

\*World Health Organization Global Tuberculosis Database 2006

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Seychelles	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Sierra Leone	Yemen
Chad	Indonesia	Mozambique	Singapore	Zambia
China	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	Somalia	
Comoros	Japan	Nauru	South Africa	
Congo	Kazakhstan	Nepal	Spain	

## Risk-Based Interpretation of Tuberculin Skin Test

RISK FACTOR	POSITIVE RESULT
Close contact with a case of tuberculosis	5 mm or more
Born in a country that has a high rate of tuberculosis	10 mm or more
Traveled or lived for one month or more in a country that has a high rate of tuberculosis	10 mm or more
None (test not recommended)	15 mm or more