DATE:____________
Name:_____________________________________  Student ID #:___________________________
Birthdate:______________________________

MA State Guidelines: For you and your Health Care Provider to use to determine your risk factor and need for TB (Mantoux) testing or IGRA testing. If your answers are “No” to all of the following questions, you are considered low risk. Please return this form to Health Services along with your Health Form.

NOTE: If the answer to any of the questions below is YES, please have your PCP review and complete the reverse side of this form as the Massachusetts Department of Public Health strongly recommends that you have a tuberculin skin test or IGRA blood test to check for latent tuberculosis infection. If the answer to all of the questions below is NO, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test but you may need a chest xray.

**Tuberculosis Risk Questionnaire for College and University Students**

1. To the best of your knowledge have you ever had close contact with persons known or suspected to have active TB disease?  
   - YES  -  NO

2. Were you born in one of the countries listed below?  
   - YES  -  NO

3. Have you traveled or lived for more than one month in one or more of the countries listed below? (If yes please CIRCLE below)  
   - YES  -  NO

4. Have you been a resident, volunteer or employee of a high-risk congregate settings?  
   (e.g., Correctional facilities, homeless shelters or long-term care facilities)  
   - YES  -  NO

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


Afghanistan
Algeria
Angola
Anguilla
Argentina
Armenia
Azerbaijan
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
China, Hong Kong SAR
China, Macao SAR
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
Ethiopia
Fiji
Gabon
Gambia
Georgia
Germany
Gayana
Greenland
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
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
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
New Caledonia
Nicaragua
Niger
Nigeria
Northern Mariana Islands
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Sao Tome and Principe
Senegal
Serbia
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Sudan
Suriname
Swaziland
Syrian Arab Republic
Tajikistan
Tanzania (United Republic of)
Thailand
Timor-Leste
Togo
Tunisia
Turkmenistan
Tuvalu
Uganda
Ukraine
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Yemen
Zambia
Zimbabwe
FOR LATENT TUBERCULOSIS INFECTION
NOTE: If you answered “No” to all questions on side 1, you don’t need a Tb test

Tuberculin Skin Test  Date _____/_____/_____

Result (48 – 72 hours) mm of induration
(If no induration, mark “0”)

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Risk-based Interpretation  or IGRA test results: ____________________________

□ Negative
□ Positive

INTERPRETATION OF TUBERCULIN SKIN TEST

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>POSITIVE RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Close contact with a case of tuberculosis</td>
<td>5 mm or more</td>
</tr>
<tr>
<td>-HIV infected or immunosuppressed (e.g. organ recipient) persons</td>
<td></td>
</tr>
<tr>
<td>-Born in a country that has a high rate of tuberculosis</td>
<td>10 mm or more</td>
</tr>
<tr>
<td>-Traveled or lived for a month or more in a country that has a high rate of tuberculosis</td>
<td></td>
</tr>
<tr>
<td>-Injection drug user</td>
<td></td>
</tr>
<tr>
<td>-resident, employee, or volunteer in high risk congregate setting (e.g. homeless shelter, correctional facility, long term care facility)</td>
<td></td>
</tr>
<tr>
<td>None [Tb test not recommended]</td>
<td>15 mm or more</td>
</tr>
</tbody>
</table>

If the Tuberculin Skin or IGRA Test is Positive:

Chest X-ray report required  Date _____/_____/_____

□ Normal
□ Abnormal  ____________________________

(Describe)

Clinical Evaluation  Date _____/_____/_____

□ Normal
□ Abnormal  ____________________________

(Describe)

Treatment

□ Yes  ____________________________

(Drug, dose, frequency, and dates)

□ No

Signature of Health Care Professional: ____________________________

Please Mail this Form with your WSU Health Form. Thank you.