

Name: _____

Date of Birth: ____/____/____

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

PLEASE ANSWER THE THE FOLLOWING QUESTIONS: Please note there are **SIX QUESTIONS** in total to answer.

1. 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 or territories listed below that have a high incidence of active TB disease? (If yes, please **CIRCLE** the country below) Yes No

Afghanistan	Colombia	Indonesia	Mongolia	Singapore
Algeria	Comoros	Iraq	Morocco	Solomon Islands
Angola	Congo, <i>Dem. Rep.</i>	Kazakhstan	Mozambique	Somalia
Anguilla	Congo, <i>Rep.</i>	Kenya	Myanmar	South Africa
Argentina	Côte d'Ivoire	Kiribati	Namibia	South Sudan
Armenia	Djibouti	Korea, <i>Dem. People's Rep.</i>	Nauru	Sri Lanka
Azerbaijan	Dominican Republic	Korea, <i>Rep.</i>	Nepal	Sudan
Bangladesh	Ecuador	Kuwait	Nicaragua	Suriname
Belarus	El Salvador	Kyrgyz Republic	Niger	Tajikistan
Belize	Equatorial Guinea	Lao <i>People's Democratic Republic</i>	Nigeria	Taiwan
Benin	Eritrea	Lesotho	Niue	Tanzania
Bhutan	Eswatini	Liberia	Northern Mariana Islands	Thailand
Bolivia	Ethiopia	Libya	Pakistan	Timor-Leste
Bosnia and Herzegovina	Fiji	Lithuania	Palau	Togo
Botswana	Gabon	Madagascar	Panama	Tokelau
Brazil	Gambia, The	Malawi	Papua New Guinea	Tunisia
Brunei Darussalam	Georgia	Malaysia	Paraguay	Turkmenistan
Burkina Faso	Ghana	Maldives	Peru	Tuvalu
Burundi	Greenland	Mali	Philippines	Uganda
Cabo Verde	Guam	Marshall Islands	Qatar	Ukraine
Cambodia	Guatemala	Mauritania	Romania	Uruguay
Cameroon	Guinea	Mexico	Russian Federation	Uzbekistan
Central African Republic	Guinea-Bissau	Micronesia (<i>Federated States of</i>)	Rwanda	Vanuatu
Chad	Guyana	Moldova	Sao Tome and Principe	Venezuela (<i>Bolivarian Republic of</i>)
China	Haiti		Senegal	Vietnam
China, <i>Hong Kong SAR</i>	Honduras		Sierra Leone	Yemen, <i>Rep.</i>
China, <i>Macao SAR</i>	India			Zambia
				Zimbabwe

Source: World Health Organization, *Global Tuberculosis Report (2021)*. Incidence of Tuberculosis (≥ 20 per 100,000 people).

3. Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No
4. 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
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No
6. 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, Babson College/Olin College requires that you receive TB testing as soon as possible, but should take place **no sooner than six months prior to the start of your first semester**. Please have your doctor complete and sign the TB Clinical Assessment on pages 2 and 3 including documentation of testing as directed.

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.

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Part II: Clinical Assessment by Health Care Provider

ALL TB TESTING MUST HAVE OCCURED WITHIN THE PAST SIX MONTHS

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. Please perform either a TST OR IGRA test. We do not require both.

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". **TST reading should be 48-72 hours after injection of PPD.** The TST interpretation should be based on mm of induration as well as risk factors. **

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.

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3. Interferon Gamma Release Assay (IGRA) - LAB RESULTS MUST BE ATTACHED.

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other ____
M D Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive) Please attach a copy of the X-ray report (no discs or films)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

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.

- 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

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

Health Care Professional Signature

Date

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