

**TUBERCULOSIS ASSESSMENT**

**TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Has the patient received BCG Vaccine?  No  Yes If yes, date(s): \_\_\_\_\_

A TB test is **required** for any entering students **with risk factors** for tuberculosis exposure or disease as defined by the U.S. Centers for Disease Control and Prevention.

**1) Was the patient born in or did s/he reside in one of the countries listed below where TB is endemic?**  No  Yes (If YES, what country? \_\_\_\_\_)

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, Bumndi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, China, Hong Kong (SAR), China, Macao (SAR), Colombia, Comoros, Congo, Coted'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, French Polynesia, Gabon, Gambia, Georgia, Ghana, Greenland, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran (Islamic Republic of), 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, Naum, Nepal, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Pern, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Sengal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Thailand, Timor Leste, Togo, Trinidad and Tobago, Tunisia, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

**2) Has s/he worked in health care facilities, prisons, or homeless shelters?**  No  Yes

**3) Has s/he ever had close contact with a person with infectious TB?**  No  Yes

**4) Does s/he have any underlying immunocompromising medical condition?**  No  Yes

(ie. diabetes mellitus, chronic renal failure, hematologic disorders and malignancies, HIV infection, or are they on a chronic immunosuppressive therapy?)

(Medical Providers may refer to the CDC website at [www.cdc.gov/nchstp/tb/pubs/corecurr](http://www.cdc.gov/nchstp/tb/pubs/corecurr) for further information.)

Certifying health professional signature (required): \_\_\_\_\_

**If the answer to any of the above tuberculosis assessment questions is YES, then a PPD skin test or an Interferon Gamma Release Assay (IGRA), such as *Quantiferon Gold* or *TSpot.TB*, must be done within the six months prior to expected arrival on campus.** If a student has had prior BCG vaccination, either test is acceptable but IGRA is preferred. A chest x-ray is required if the PPD or IGRA is positive.

Students with a documented positive PPD or IGRA in the past are not required to be re-tested, but must submit the report of a chest x-ray that was done subsequent to the positive test.

*For all students undergoing TB testing or with prior positive test, please complete the following:*

**PPD:** Date administered \_\_\_\_\_ Date interpreted (must be within 48-72 hours after placement) \_\_\_\_\_

Induration: \_\_\_\_\_ (in mm) OR

**Interferon Gamma Release Assay (IGRA):** Method: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Result \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate \_\_\_\_\_

Certifying health professional signature (required): \_\_\_\_\_

**If TB test is positive, please note the following:**

- Chest x-ray is required subsequent to positive PPD or IGRA result. Attach a copy of report. Do not send film.
- Has the student had INH or other treatment of TB disease?  No  Yes, specify treatment & dates: \_\_\_\_\_
- Does the student need additional follow-up care regarding their positive TB test at the Ithaca College Health Center?  No  Yes