

**Tuberculosis Risk Assessment, UC Hastings Student Health Services**

**To be completed by student**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student ID Number \_\_\_\_\_

Have you had close contact with anyone who was sick with tuberculosis (TB)? Yes \_\_\_ No \_\_\_

Were you born in a country with high rates of TB (see list below)? Yes \_\_\_ No \_\_\_

Have you traveled or lived for more than a month in one of the countries below with a high rate of TB? Yes \_\_\_ No \_\_\_

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

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 healthcare worker who served clients who are at increased risk for active TB disease? Yes \_\_\_ No \_\_\_

Have you been a member of any of the following groups that may have increased risk of latent *M. tuberculosis* infection or active TB disease- medically underserved, low-income, or abusing drugs or alcohol? Yes \_\_\_ No \_\_\_

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

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Student ID Number \_\_\_\_\_

If the answer is YES to any of the above questions, UC Hastings requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester). **A licensed healthcare provider must complete the following information and sign.**

If you answered YES to any of the above questions, either a PPD test (Mantoux) OR Interferon Gamma Release Assay (IGRA) must be completed within 12 months prior to entering UC Hastings.

**PPD (Mantoux) Test:**

Date Read: \_\_\_\_\_ (mm/dd/yy)

Results: (in mm of induration): \_\_\_\_\_ mm

(10 mm or more is positive-Chest X-ray needed)

OR

IGRA DATE: \_\_\_\_\_ (mm/dd/yy)

Result

Positive

Negative

Chest X-ray required if PPD is positive (10mm or more), OR if IGRA is positive

Date Performed: \_\_\_\_\_ (mm/dd/yy)

Results

Positive

Negative

If you have been treated for a positive PPD, no further testing is required.

Treatment for positive PPD? **YES Describe:**

Signature of Health Care Provider \_\_\_\_\_

Signature

Date

Name of Healthcare Provider \_\_\_\_\_