

ENDICOTT COLLEGE

376 Hale Street • Beverly, Massachusetts 01915

www.endicott.edu ~ Student Life ~ Health Center ~ Tel: 978-232-2104 ~ Fax: 978-998-8004

TUBERCULOSIS RISK ASSESSMENT

Page 1 of a two-sided form:

Date ____/____/____

Name of Student _____ Male Female
Last First Middle

Date of Birth ____/____/____ Endicott ID# _____ Country of Birth _____
Month Day Year

Home Address _____

Local Address _____

Student's Telephone Numbers: home (____) _____ cell (____) _____

Please answer the following questions:

1. Have you ever been in close contact with anyone sick with tuberculosis? Yes No

2. Were you born in one of the countries listed below? Yes No

If yes, what country: _____ Date of entry into the United States _____

3. Have you lived or traveled for more than one month in one or more of the countries listed below? Yes No

If yes, what country/ies: _____ When _____

If you answered YES to any of the questions above, Endicott College requires you to have a tuberculin skin test (TST) to check for latent tuberculosis infection (LTBI), to be completed within six months prior to the start of classes. If you have had a positive TST in the past, you will not need another TST, but you will need a chest X-ray. **Continue to page 2 of this form.**

If you answer NO to all of the questions above, no further testing is required. The form is complete.

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS

(World Health Organization Global Tuberculosis Control. WHO Report 2006)

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

TUBERCULOSIS RISK ASSESSMENT

Page 2 of a two-sided form:

Date ____/____/____

Name of Student _____ Male Female
Last First Middle

Date of Birth ____/____/____ Endicott ID# _____ Country of Birth _____
Month Day Year

Home Address _____

Local Address _____

Student's Telephone Numbers: home (____) _____ cell (____) _____

TUBERCULIN SKIN TEST (TST)

Plant Date ____/____/____ Read Date * ____/____/____ (* 48-72 hours after plant date)

Result ** _____ mm of induration (** If no induration, write "0." See interpretation guidelines below.)

Negative Positive If positive, continue below.

IF POSITIVE TUBERCULIN SKIN TEST (now or by history) THE FOLLOWING ARE REQUIRED

Date of Positive TST ____/____/____ Result _____ mm of induration

Date of Chest X-ray ____/____/____ Normal Abnormal (Please attach report, NOT the X-ray)

Clinical Evaluation Normal Abnormal

Describe _____

Treatment No Yes

If yes, drug/s, dose, frequency, and dates _____

HEALTH CARE PROVIDER

Health Care Provider's Signature _____

Name of Health Care Provider (please print) _____

Street Address _____

City _____ State _____ Zip Code _____ Country _____

Phone (____) _____ FAX (____) _____

** Interpretation Guidelines		
<p>5 mm or greater is positive:</p> <ul style="list-style-type: none"> 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 Immunosuppressed persons: taking >15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist Persons with HIV/AIDS 	<p>10 mm or greater is positive:</p> <ul style="list-style-type: none"> Persons born in a high prevalence country or who resided in one for a significant amount of time History of illicit drug use Mycobacteriology laboratory personnel History of resident, worker or volunteer in high-risk congregate settings Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes 	<p>15 mm or greater is positive:</p> <ul style="list-style-type: none"> Persons with no known risk factors for TB disease