



## TUBERCULOSIS (TB) SCREENING FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: (Street, City, State, Zip) \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: **DM** Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

To help us determine if you need to have a TB (Tuberculosis) skin test before coming to Salve Regina University, the following questions must be answered:

1. Are you non-US born, from a high prevalence country, including Africa, Asia, Philippines, Indonesia, Eastern Europe, Latin America, Mexico, Portugal, Caribbean, and the Middle East? ☐ Yes ☐ No
2. Have you lived or had extensive travel to a high prevalence country (listed above)? ☐ Yes ☐ No
3. Have you worked or lived in a potentially high risk setting such as a prison, a long-term care facility, a homeless shelter, a residential facility for persons with HIV/AIDS or a drug treatment center? ☐ Yes ☐ No
4. Have you had recent close or prolonged contact with someone with infectious TB? ☐ Yes ☐ No
5. Do you or anyone living in your household have a history of intravenous or other street drug use, or HIV infection/AIDS? ☐ Yes ☐ No
6. Had BCG vaccine? ☐ Yes ☐ No
7. Have you ever had a documented positive TB skin test or history of active TB infection? ☐ Yes ☐ No

If you answered **No** to all of the above questions (1 - 7), no further testing or further action is required. Please sign below and forward this form with your immunization record to Salve Regina University Health Services.

If you answered **Yes** to any of the first 5 questions and No to question 7, then you are required to have further testing for TB. If you answered **Yes** to question 6, an IGRA TB blood test (TB QuantiFERON Gold, TB-spot) within 6 months prior to the start of classes is required. If you answered **No** to question 6, you can complete a PPD skin test, or a TB Blood test as listed above. The PPD skin test must be performed in the U.S. Alternately an IGRA blood test can be completed world-wide. Please have your provider document the results of your testing below. Sign the form and forward with your immunization record to Salve Regina University Health Services.

If you answered **Yes** to question 7, then you do not need to be retested, but must provide documentation of a negative chest x-ray done in the U.S. (within 6 months prior to the start of classes), and documentation of any medication and treatment for your positive TB test. Please attach documentation to this form and forward it with your immunization record to Salve Regina University Health Services.

Date TB skin test given: \_\_\_\_\_ Date TB skin test read (must be read in 48-72 hrs): \_\_\_\_\_

Results (must be recorded in mm of induration; if no induration, write "O"): \_\_\_\_\_ mm

IGRA must be performed in the U.S.: TB QuantiFERON Gold \_\_\_\_\_ TB spot \_\_\_\_\_ Result: ☐ Positive ☐ Negative ☐ IndeterminateChest X-ray (Required if TB skin test is positive) Date \_\_\_\_\_ Result: ☐ Normal ☐ Abnormal

Dates of Treatment: \_\_\_\_\_

Signature of Physician/ Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/ Medical Provider Name: (Please Print)/ Clinic Stamp \_\_\_\_\_

Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

By signing, I attest that the above information is true to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_