

**Washington and Lee University Student Health Center  
Required Tuberculosis (TB) Screening Questionnaire**

_____ Last Name	_____ First Name	_____ MI	_____ Date of Birth	_____ Class year
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**Please answer the following questions:**

- Have you ever had close contact with persons known or suspected to have active TB?  Yes  No
- 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)  Yes  No
- Have you had frequent or prolonged visits to one or more of the countries listed below\*? (If yes, please *CHECK* the country/ies)  Yes  No
- Have you been a resident, volunteer or employee in a high-risk setting for TB\*? (e.g. correctional facility, long-term care facility or homeless shelter)  Yes  No
- Have you been a volunteer or healthcare worker who served clients at increased risk for active TB disease?  Yes  No
- Have you ever been a member of a group that may have an increased incidence of TB Infection? (e.g. medically underserved, low-income, or abusing drugs or alcohol)  Yes  No

\* The significance of these exposures should be discussed with a health care provider and evaluated.

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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

**If the answer is YES to any of the above questions**, Washington and Lee University requires that you receive TB testing as soon as possible and report results on the **Tuberculosis (TB) Clinical Assessment by Health Care Provider** form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Washington and Lee University Student Health Center  
Tuberculosis (TB) Clinical Assessment by Health Care Provider**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Class year

**1. Persons who answered Yes to any of the questions on the TB Screening Questionnaire are candidates for either TST or 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, further evaluation with IGRA is preferred to TST) Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Does the student have any signs or symptoms of active tuberculosis disease?** Yes \_\_\_\_\_ No \_\_\_\_\_

(Symptoms of active TB disease may include cough (>3 weeks), hemoptysis, chest pain, loss of appetite, unexplained weight loss, night sweats, fever.)

**If Yes, proceed with additional evaluation for active tuberculosis (including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated). If No, proceed to TST or IGRA if testing is indicated or required.**

**3. Tuberculin Skin Test (TST)**

\*The TST interpretation is based on mm of induration as well as risk factors—see below.

#1 Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Manufacturer/Lot # \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Result: \_\_\_\_\_ mm of induration

\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_

#2 Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Manufacturer/Lot # \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Result: \_\_\_\_\_ mm of induration

\*Interpretation: positive \_\_\_\_\_ negative \_\_\_\_\_

**\*TST Interpretation guideline**

**>5 mm is positive:**

- Recent close contacts of an individual with infectious TB
- Fibrotic changes on a prior chest x-ray c/w past TB
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- $\alpha$  antagonist
- 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**

- Resident, employee or volunteer in high-risk congregate settings

- Persons with medical conditions that increase risk of progression to TB disease, such as: 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

**>15 mm is positive:**

- Persons with no known risk factors for TB disease

**4. Interferon Gamma Release Assay (IGRA) – preferred if there is a history of BCG vaccination**

#1 Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT \_\_\_\_\_ T-Spot \_\_\_\_\_ other \_\_\_\_\_  
M D Y

Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate \_\_\_\_\_ Borderline \_\_\_\_\_ (T-Spot only)

#2 Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT \_\_\_\_\_ T-Spot \_\_\_\_\_ other \_\_\_\_\_  
M D Y

Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Indeterminate \_\_\_\_\_ Borderline \_\_\_\_\_ (T-Spot only)

**5. Chest x-ray: Required if TST or IGRA is positive—attach copy of results.** Note: a single PA view is indicated in the absence of symptoms.

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Result: normal \_\_\_\_\_ abnormal \_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider Signature

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
Date