

Name: _____

Date of Birth: ____/____/____

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

PLEASE ANSWER THE THE FOLLOWING QUESTIONS: Please note there are **SIX QUESTIONS** in total to answer.

1. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
2. 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 below) Yes No

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

Source: World Health Organization, *Global Tuberculosis Report (2022)*. Incidence of Tuberculosis (≥ 20 per 100,000 people).

3. Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No
4. 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
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No
6. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Babson College/Olin College requires that you receive TB testing as soon as possible, but should take place **no sooner than six months prior to the start of your first semester**. Please have your doctor complete and sign the TB Clinical Assessment on pages 2 and 3 including documentation of testing as directed.

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

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

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Part II: Clinical Assessment by Health Care Provider

ALL TB TESTING MUST HAVE OCCURED WITHIN THE PAST SIX MONTHS

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (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, consider IGRA if possible.) Yes _____ No _____

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes _____ No _____

If No, proceed to 2 or 3. Please perform either a TST OR IGRA test. We do not require both.

If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". **TST reading should be 48-72 hours after injection of PPD.** The TST interpretation should be based on mm of induration as well as risk factors. **

Date Given: ____/____/____ Date Read: ____/____/____
 M D Y M D Y

Result: _____ mm of induration **Interpretation: positive ___ negative ___

**Interpretation guidelines

>5 mm is positive:

- 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 and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- 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
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight. .

>15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

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3. Interferon Gamma Release Assay (IGRA) - LAB RESULTS MUST BE ATTACHED.

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other ____
M D Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive) Please attach a copy of the X-ray report (no discs or films)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

Health Care Professional Signature

Date

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