

Tuberculosis Screening: To be completed by student & Healthcare provider

Last Name (print above)	First Name	Middle Name
Date of birth (mo. / day / year)		
Meredith Student ID #		

Tuberculosis (TB) Screening Questionnaire: All new students are required to complete and submit the following TB screening questionnaire form. The form must be signed by a healthcare provider.

SECTION A: Tuberculosis (TB) Exposure Risk (to be completed by student):

1. Have you ever had close contact with persons known or suspected to have active TB disease? YES ___ NO ___
2. Have you ever lived, worked or volunteered in any homeless shelter, prison/jail or long-term care facility? YES ___ NO ___
3. Have you ever been a member of any of the following groups that may have an increase incidence of latent tuberculosis infection or active TB disease: Organ transplant recipient, abuser of alcohol or drugs, HIV positive? YES ___ NO ___
4. Were you born in, or have you lived, worked or visited for >1 month in one of the following countries listed below? YES ___ NO ___

IF YES, where? _____ How long? _____ Dates visited/lived _____

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

Source: World Health Organization Global Health Observatory. Tuberculosis Incidence 2017. Countries with incidence rates of >20 cases per 100,000

If YES to any of the above questions, Meredith College requires TB testing to be done by a healthcare provider in the United States within 6 months of arriving to campus. If you are unable to obtain testing prior to your arrival, please contact Student Health. If the answer to all of the questions is NO, no further action is needed.

SECTION B: FOR HEALTHCARE PROVIDER TO COMPLETE: Tuberculosis (TB) Risk Assessment

Clinicians should review and verify the information above. Persons answering **YES** to any of the questions in the TB SCREENING are required to have TB testing, [either tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA)], unless a previous positive test has been documented. For previous positive tests, please send test results, CXR results and if applicable, documentation of treatment. Anyone with a positive TB Skin test or IGRA with no signs of active disease on chest x-ray should receive recommendation to be treated for latent TB.

Tuberculin Skin Test: Date administered ___/___/___ Date read: ___/___/___ Result: _____ mm

OR
Tuberculin Blood Test: Date ___/___/___ Result: _____

If TB test is positive: Chest x-ray is REQUIRED: Date done: ___/___/___ Normal Abnormal (must attach radiology report)

Provider Name (Print): _____ Address/Clinic Stamp: _____

Provider Signature: _____ Date: _____