



GREENFIELD COMMUNITY COLLEGE
Health Services
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Tuberculosis Risk Questionnaire for Students

Name: _____
 Last name, First name

Birth date: _____

Today's date: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| To the best of your knowledge, have you ever had close contact with anyone who was sick with Tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you born in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you traveled or lived for more than one month in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |

Countries with high rates of Tuberculosis (TB)*

Afghanistan	Columbia	India	Mongolia	Sierra Leone
Angola	Comoros	Indonesia	Morocco	Solomon Islands
Armenia	Congo	Iran	Mozambique	Somalia
Azerbaijan	Congo, DR	Iraq	Myanmar	South Africa
Bahamas	Cote d'Ivoire	Kazakhstan	Namibia	Sri Lanka
Bahrain	Croatia	Kenya	Nepal	Sudan
Bangladesh	Djibouti	Kiribati	New Caledonia	Suriname
Belarus	Dominican Rep.	Korea, DPR	Nicaragua	Swaziland
Benin	Ecuador	Korea, Rep.	Niger	Syrian Arab Rep.
Bhutan	El Salvador	Kyrgyzstan	Nigeria	Tajikistan
Bolivia	Equatorial Guinea	Lao PDR	Niue	Tanzania, UR
Bosnia & Herzegovina	Eritrea	Latvia	Northern Mariana Islands	Thailand
Botswana	Estonia	Lesotho	Pakistan	Togo
Brazil	Ethiopia	Liberia	Palau	Tokelau
Brunei Darussalam	Gabon	Macedonia, TFYR	Panama	Turkmenistan
Burkina Faso	Gambia	Madagascar	Papua New Guinea	Uganda
Burundi	Georgia	Malawi	Paraguay	Ukraine
Cambodia	Ghana	Malaysia	Peru	Uzbekistan
Cameroon	Guam	Maldives	Philippines	Vanuatu
Cape Verde	Guatemala	Mali	Portugal	Vietnam
Central African Rep.	Guinea	Marshall Islands	Romania	Yemen
Chad	Guinea-Bissau	Mauritania	Russian Federation	Zambia
China	Guyana	Mauritius	Rwanda	Zimbabwe
China, Hong Kong SAR	Haiti	Micronesia	Sao Tome & Principe	
China, Macao SAR	Honduras	Moldova, Rep.	Senegal	

*World Health Organization. Global Tuberculosis Control. WHO report 2002

If the answer to **any** of the above questions is **YES**, the Massachusetts Department of Public Health **strongly recommends** that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to **all** the above questions is **NO**, a tuberculin skin test should not be done. Please note: If you have a positive tuberculin skin test in the past, you do not need another test.

For Office use:

Mantoux recommended

- No
 Yes _____

Medical Evaluation of College and University Students for Latent Tuberculosis Infection

Tuberculin Skin Test

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Date planted: ____/____/____

Date read: ____/____/____

Result: ____ mm of induration (If no induration, mark "0")
(48 – 72 hours)

Risk-based Interpretation (see box below)

- Negative
- Positive

Interpretation of Tuberculin Test	
Risk Factors for College Students	Positive Results for College Students without other risk factors
Close contact with a case of tuberculosis	5 mm or more
Born in a country that has a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country that has a high rate of tuberculosis	10 mm or more
None [test not recommended]	15 mm or more

If the tuberculin skin test is positive:

Chest X-ray.....Date: _____ (A copy of the x-ray report is required, please attach or forward.)

- Normal
- Abnormal: _____
Describe

Clinical Evaluation.....Date: _____

- Normal
- Abnormal: _____
Describe

Treatment

- No
- Yes: _____
Drug, dose, frequency and dates

Health Care Provider Signature

Name

Address

Telephone