TUBERCULOSIS SCREENING

Name: ___________________________________________ Student ID: ______________________________
Cell: ____________________________________________________________________________________ Date of Birth: ____________________________

ALL 3 QUESTIONS MUST BE ANSWERED

1. Does the student have history of a positive tuberculin test (TST) or positive Interferon-gamma release assay (attach laboratory result)?
   Yes____ No____
   If yes,
   ☐ History of Positive PPD Date: ________________________________
   ☐ History of Positive IGRA Date: ________________________________

   *Chest X-ray is required within 6 months prior to arrival to campus for students with history of positive PPD or IGRA. Attach radiology report.

2. Does the student have signs or symptoms of active TB disease such as night sweats, weight loss, persistent cough or bloody sputum?
   Yes____ No____

3. Is the student a member of a high risk group?
   Yes____ No____

Categories of high-risk students include those who have arrived within the past five years from countries where TB in endemic. It is easier to identify countries of low rather than high TB prevalence. Students should

Categories of high-risk students include those who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Students should undergo TB testing if they have arrived from another country with the exception of:
Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemia or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders. Adapted from ACHA’s Vaccine-Preventable Disease Task Force.

If no to all questions above, no additional information is necessary.

If YES to question #2 or #3 above, additional testing is required, complete below. A history of BCG vaccination does not preclude testing a member of a high-risk group. Testing needs to have been performed within the six months prior to the start of the semester.

Tuberculosis Skin Test
Date Placed: ____/____/______ Date Read: ____/____/______ Result: _____mm induration

Treatment (list medication and duration of treatment): ________________________________________________________________

-OR-

Interferon-gamma Release Assay. ATTACH RADIOLOGY REPORT.

A chest X-ray is required within 6 months prior to arrival to campus for students with new or history of positive PPD or IGRA. ATTACH RADIOLOGY REPORT.

Health Care Provider Signature & Stamp Required.

Stamp ________________________________
Signature ________________________________
Date: ________________________________

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