



Morehouse School of Medicine
Tuberculosis Screening Form

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

Name (First, Middle and Last): \_\_\_\_\_

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Entry (MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ MSM ID#: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email address (MSM email only): \_\_\_\_\_

Program (circle one): MPH MSBR MSNS MSCR PhD

Note: This form is intended for students who are not in clinical programs such as MD, PA or MSMS. If you are in the MD, PA, or MSMS program, do not utilize this form for TB screening. For any questions or concerns call Student Health and Wellness Center at: (404) 756-1241.

Mail completed forms to:
Student Health and Wellness Center
ATTN: Immunization Records <Insert Program Name Here>
455 Lee Street SW, Suite 300A
Atlanta, GA 30310

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? [ ] Yes [ ] No

Were you born in one of the countries or territories listed on page 2 that have a high incidence of active TB disease? (If yes, please CIRCLE the country.) [ ] Yes [ ] No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of  $\geq 20$  cases per 100,000 population.

- 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
- Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  Yes  No
- Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?  Yes  No
- 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,** Morehouse School of Medicine requires that you receive TB testing prior to matriculation. Proceed to Part II.

**If the answer to all the above questions is NO,** no further testing or further action is required. Do not proceed to Part II.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

## Part II. Clinical Assessment by Health Care Provider (Signature required)

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.

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 chest x-ray (PA and lateral) and sputum evaluation as indicated.

### 2. Interferon Gamma Release Assay (IGRA)

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

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

### 3. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". 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:

- Foreign born or travelers to the U.S. 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 jejunoileal 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.

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

**4. Chest x-ray:** (Required if IGRA or TST is positive. 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: \_\_\_\_\_

Date: \_\_\_\_\_

Office Stamp: