Tuberculosis (TB) Assessment
From a Health Care Provider
for Ohio Wesleyan University Health Center

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are required either a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented. Tuberculosis testing is required prior to admittance to the university.

Part I:
Student, 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 listed below that have a high incidence of active TB disease?  
(If yes, please CIRCLE the country, below)  
☐ Yes  ☐ No

Afghanistan  Côte d’Ivoire  Kazakhstan  Nicaragua  Sudan
Algeria  Croatia  Kenya  Niger  Suriname
Argentina  Democratic People’s Republic of  Kiribati  Nigeria  Swaziland
Armenia  Democratic Republic of the Congo  Kyrgyzstan  Pakistan  Thailand
Azerbaijan  Djibouti  Lao People’s Democratic Republic  Palau  Timor-Leste
Bahrain  Dominican Republic  Latvia  Panama  Togo
Bangladesh  Ecuador  Lesotho  Papua New Guinea  Trinidad and Tobago
Belarus  El Salvador  Liberia  Paraguay  Turkey
Belize  Equatorial Guinea  Libya  Peru  Turkmenistan
Benin  Eritrea  Libya  Philippines  Tuvalu
Bhutan  Estonia  Lithuania  Poland  Uganda
Bolivia (Plurinational State of)  Ethiopia  Madagascar  Portugal  Ukraine
Bosnia and Herzegovina  Fiji  Malawi  Qatar  United Republic of
Botswana  Gabon  Malaysia  Republic of Korea  Tunisia
Brazil  Gambia  Maldives  Republic of Moldova  Uruguay
Brunei Darussalam  Georgia  Mali  Romania  Uzbekistan
Bulgaria  Ghana  Marshall Islands  Russian Federation  Vanuatu
Burkina Faso  Guatemala  Mauritania  Rwanda  Venezuela (Bolivarian
Burundi  Guinea  Mauritius  Saint Vincent and the Grenadines  Republic of)
Cambodia  Guinea-Bissau  Micronesia (Federated States of)  Sao Tome and Principe
Cameroon  Guyana  Mexico  Senegal  Senegal
Cape Verde  Haiti  Micronesia (Federated States of)  Serbia  Seychelles
Central African Republic  Honduras  Mongolia  Sierra Leone  Singapore
Chad  India  Morocco  Solomon Islands
China  Indonesia  Mozambique  Somalia
Colombia  Iran (Islamic Republic)  Namibia  South Africa
Comoros  Iraq  Nauru  South Sudan
Congo

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease?  
☐ Yes  ☐ No

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

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, Ohio Wesleyan University requires that you receive TB testing as soon as possible but at least prior to the arrival on campus. * The significance of the travel exposure should be discussed with a health care provider and evaluated.
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Name:_______________________________________________________   Date of birth:____/_____ /_____ 

Clinicians should review and verify the previous information. If the answer to all of the previous questions is NO, no further testing or further action is required. Persons answering YES to any of the previous questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive has been documented.

History of a positive TB 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 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”. 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 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.

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Name: ____________________________________________ Date of birth: ___/___/____

3. Interferon Gamma Release Assay (IGRA)

   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)

   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 jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

**Populations defined locally as having an increased incidence of disease due to \(M.\) \(tuberculosis\), including medically underserved, low-income populations

_____ Student agrees to receive treatment
_____ Student declines treatment at this time

_________________________________________ Date: __________________________
Health Care Professional Signature: Name of Health Care Professional: Phone (__________)___________________

Address: __________________________________________________________________________________________________________

Please return completed forms to:
OWU Student Health Center ◇ Stuyvesant Hall ◇ Delaware, Ohio 43015
Phone (740) 368-3160 ◇ Fax (740) 368-3166 ◇ health@owu.edu