

To the Accepted Student:
Information you provide will not be used to influence your situation at the College; it will be used, if necessary, solely as an aid to providing necessary health care while you are a student.

**St. Olaf College
Health Service
1520 St Olaf Avenue
Northfield MN 55057**

**Must be
Complete and
returned by
JULY 15th**

(Student Name)

(Student Date of Birth)

(Student ID #)

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

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/territories listed below with a high incidence of active TB disease? **Yes** ____ **No** ____

(If yes, please CIRCLE the country below)

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

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

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK which 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 you answered YES to any of the above questions, St Olaf College requires that you receive TB testing prior to the start of your first enrolled term. Previous TB testing must not have occurred more than 6 months prior to matriculation.

If the answer to all of the above questions is NO, no further testing or further action is required.

Part II. Clinical Assessment by Health Care Provider

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 Quantiferon blood test (preferred method) or 2-Step Tuberculin Skin Test, unless a previous positive test has been documented.

History of a positive TB skin test or blood test? (If yes, document below) **Yes** ____ **No** ____

History of BCG vaccination? (If yes, need blood test) **Yes** ____ **No** ____

TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ____ **No** ____

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 with chest x-ray (PA and lateral).

Tuberculosis screening can be completed by Option 1 (preferred method) or Option 2:

Option 1. Quantiferon Gold TB blood test (PREFERRED METHOD OF SCREENING)

Persons who have received the BCG vaccine should have Quantiferon Gold TB testing over TST.

Date Obtained: ____/____/____
MM DD YY

Result: negative ____ positive ____

Option 2. Two-Step Tuberculin Skin Test (TST) **BOTH** steps must be completed at least one week apart and **no sooner than 6 months prior to matriculation.** If Step 1 is negative, **Step 2 must still be completed.**

(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.)**

Step 1. Date Given: ____/____/____
MM DD YY

Date Read: ____/____/____
MM DD YY

Result: ____ mm of induration

**Interpretation: positive ____ negative ____

Step 2. Date Given: ____/____/____
MM DD YY

Date Read: ____/____/____
MM DD YY

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 >15mg/d or 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 or 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.

Chest x-ray: (Required if Quantiferon or TST is positive) *PA and lateral views

Date of chest x-ray: / /
 MM DD YY

Result: normal ____ abnormal ____

Part III. Considerations for Treatment of LTBI

All students with a positive IGRA or TST 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 and e-cigarette smokers and persons who abuse drugs and/or alcohol

☐ Student agrees to receive treatment

☐ Student declines treatment at this time

☐ Does not apply

 Health Care Professional Signature

 Date

Health Provider/Clinic stamp or printed information:

Student should upload this form to the Student Health Portal or mail completed form to:

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