Part I: Tuberculosis (TB) Screening Questionnaire – To Be Completed Online

All incoming students regardless of age need to complete the online screening form on the student health portal available at [american.studenthealthportal.com](http://american.studenthealthportal.com). You will need to Select “My Forms” and then Tuberculosis Screening Form. A copy of the online form is below.

Please answer the following questions online:

1. Have you ever had close contact with persons known or suspected to have active TB disease? □ Yes □ No

2. 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)

3. Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CIRCLE the countries, above)

4. 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

5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? □ Yes □ No

6. 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, American University requires you to be tested for TB. Please bring this document with you to your Medical Provider who will need to complete the Clinical Assessment by Healthcare Provider form.

If the answer to all of the above questions is NO, no further action is required. You still need to submit this form online.
American University Tuberculosis (TB) Screening Questionnaire

PART II. CLINICAL ASSESSMENT BY HEALTHCARE 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 Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

ALL INTERNATIONAL STUDENTS WHO REQUIRE FOLLOW-UP TESTING MUST HAVE IGRA BLOOD TESTING PERFORMED BY A US LABORATORY BEFORE THE FIRST DAY OF CLASSES. TB SKIN TESTS OR IGRA TESTS NOT CONDUCTED IN THE USA WILL NOT BE ACCEPTED.

1. TB Symptom Check

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

*If NO, proceed to 2 and 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 ___

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.
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3. Interferon Gamma Release Assay (IGRA)
   
   Date Obtained: / / (specify method) QFT-GIT T-Spot other
   M D Y
   Result: negative positive indeterminate borderline (IGRA only)

   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

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

Required Signature of Healthcare Provider:

Name: ___________________________ Phone: ___________________________

Address: ___________________________ City, State, ZipCode: ___________________________

Signature: ___________________________ Date: ___________________________

Completed Forms can be faxed to 202-885-1222 or scanned and emailed to shc@american.edu.