Part I: Tuberculosis (TB) Screening Questionnaire for International 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 listed below that have a high incidence of active TB disease?  □ Yes  □ No
(If yes, please CIRCLE the country below.)

Afghanistan 
Algeria 
Angola 
Argentina 
Armenia 
Azerbaijan 
Bahrain 
Bangladesh 
Belarus 
Belize 
Benin 
Bhutan 
Bolivia (Plurinational State of) 
Bosnia and Herzegovina 
Botswana 
Brazil 
Brunei Darussalam 
Bulgaria 
Burkina Faso 
Burundi 
Cabo Verde 
Cambodia 
Cameroon 
Central African Republic 
Chad 
China (including Hong Kong) 
Colombia 
Comoros 
Congo

Côte d'Ivoire 
Democratic People's Republic of Korea 
Democratic Republic of the Congo 
Djibouti 
Dominican Republic 
Ecuador 
El Salvador 
Equatorial Guinea 
Eritrea 
Estonia 
Ethiopia 
Fiji 
Gabon 
Gabon 
Georgia 
Ghana 
Guatemala 
Guinea 
Guinea-Bissau 
Guyana 
Haiti 
Honduras 
India 
Indonesia 
Iraq 
Kazakhstan 
Kenya 
Kiribati 
Kuwait 
Kyrgyzstan 
Lao People's Democratic Republic 
Latvia 
Lesotho 
Liberia 
Libya 
Lithuania 
Madagascar 
Malawi 
Malaysia 
Maldives 
Mali 
Marshall Islands 
Mauritania 
Mauritius 
Mexico 
Micronesia (Federated States of) 
Mongolia 
Morocco 
Mozambique 
Myanmar 
Namibia 
Nauru 
Nepal 
Nicaragua 
Niger 
Nigeria 
Niue 
Pakistan 
Palau 
Papua New Guinea 
Paraguay 
Peru 
Philippines 
Poland 
Portugal 
Qatar 
Republic of Korea 
Republic of Moldova 
Romania 
Russian Federation 
Sao Tome and Principe 
Senegal 
Seychelles 
Sierra Leone 
Singapore 
Solomon Islands 
Somalia

Date of Birth: ___________  Student ID Number: ___________

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/gho/data.

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 such as correctional facilities, long-term care facilities, and/or homeless shelters?  □ Yes  □ No

Have you been a volunteer or healthcare 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 have answered YES to any of the above questions, Carthage College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. Please contact the Health and Counseling Center to schedule an appointment to determine next steps. All students with TB symptoms or a positive TST or IGRA will be referred to the Kenosha County Department of Health for treatment.

If you have answered NO to ALL of the above questions, no further testing or action is required.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
Part II: TB Screening Clinical Assessment by Healthcare Provider

History of BCG vaccine? Date:__________________________ □ Yes □ No

History of positive TB skin test or IGRA blood test? Date:__________________________ □ Yes □ No

1. TB Symptom Check
   Does the student have signs or symptom 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
   □ Night sweats
   □ Unexplained weight loss
   □ Fever

2. Tuberculin Skin Test (TST)
   This test must be completed within the last 6 months in the USA. If test is positive, a chest x-ray will be required. Please provide results of x-ray.
   #1___________________________ □ Negative □ Positive _____________ mm induration

3. Interferon Gamma Release Assay (IGRA)
   Date:__________________________ □ QFT-GIT □ T-Spot □ Results Attached

All students with TB symptoms or a positive TST or IGRA will be referred to the Kenosha County Department of Health for treatment.

__________________________________________________________________________
Healthcare Professional Signature                      Date