



Part: Tuberculosis (TB) Form

Please answer the following questions:

Form with 5 questions regarding TB risk factors and residence/travel history, each with Yes/No checkboxes.



If you answered YES to any of the above questions, Boston College requires that you receive TB testing prior to the start of your first enrolled term.

Continue to pages 2-4



If the answer to all the above questions is NO. No further testing or further action is required.

Table listing 50 countries and territories with high TB incidence rates, organized in five columns.

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



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 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, see the 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
o If no, proceed to 2 or 3.
o If yes, check below:

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
 Loss of appetite
 Unexplained weight loss
 Coughing up blood (hemoptysis)
 Night sweats
 Chest pain
 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: _____
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: ___/___/___
Result: _____mm of induration Interpretation: Negative Positive

**Interpretation guidelines:

Table with 2 columns: Induration result and Risk factors. Rows include: >5 mm is positive (Recent close contact, fibrotic changes, organ transplant recipients, HIV-infected); >10 mm is positive (Foreign-born, injection drug users, lab personnel, high-risk settings, medical conditions); >15 mm is positive (Persons with no known risk factors).



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: ___/___/___

Interpretation: normal abnormal

Part III: Considerations for Treatment of LTBI

In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Students in the following groups are at increased risk of progression from LTBI to active 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 radiographs 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 jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol

Part IV: Medication Section:

Was the patient educated and counseled on latent tuberculosis? Yes No

Was the patient advised to take medication because of positive results? Yes No

- Did the patient decline treatment at this time? No
- Did the patient agree to receive treatment? Yes
- Indicate medication(s) prescribed Date Started: _____ Date Ended: _____

Part V: Health Care Provider

Signature of Provider

Printed Name

Date

Mailing Address

Office Phone