

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

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 Interferon Gamma Release Assay (IGRA) or Mantoux tuberculin skin test (TST), unless a previous positive test has been documented.

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

History of BCG vaccination? (If yes, need IGRA) 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 or Option 2:

Option 1. Interferon Gamma Release Assay (IGRA)

Persons who have received the BCG vaccine should have IGRA testing over TST.

Date Obtained: ____/____/____ (specify method) QFT ____ T-Spot ____ Other _____

Result: negative ____ Positive ____ indeterminate ____ borderline ____ (T-Spot only)

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: ____/____/____

Date Read: ____/____/____

Result: ____ mm of induration

**Interpretation: positive ____ negative ____

Step 2. Date Given: ____/____/____

Date Read: ____/____/____

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 jejunioleal 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 IGRA or TST is positive) *PA and lateral views

Date of chest x-ray: / / Result: normal abnormal
 M D Y

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 jejunioleal 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

 Health Care Professional Signature

 Date

Health Provider/Clinic stamp or printed information:

Upload form to the Student Health Portal or return completed form to:

St Olaf College
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