

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 15 in
order to register**

(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 listed below that have a high incidence of active TB disease: **Yes** ____ **No** ____

(If yes, please CIRCLE the country below.)

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <https://www.who.int/tb/data/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above.) **Yes** ____ **No** ____

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** ____

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 the answer is YES to any of the above questions, St Olaf College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

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

**The significance of the travel exposure should be discussed with a health care provider and evaluated.*

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, 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 symptom of active pulmonary tuberculosis disease? Yes ____ No ____

If No, proceed to 2 or 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. 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: / /
 M D Y

Date Read: / /
 M D Y

Result: mm of induration

**Interpretation: positive ____ negative ____

Step 2. Date Given: / /
 M D Y

Date Read: / /
 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 >15mg/d or 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 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.

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: / / (specify method) QGT-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
 M D Y

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 jejunioileal bypass
- ☐ Weigh less than 90% of their ideal body weight
- ☐ 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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