NKU Health, Counseling and Student Wellness Tuberculosis (TB) Screening Questionnaire

PART I - This section to be completed by the student/patient:

Student/Patient Name __________________________________________ Date of Birth __________________________

Country of Birth __________________________________________________________ Year arrived in US __________________

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 or territories listed below that have a high incidence of active TB disease? (If yes, please circle the country, below)

Afghanistan □ Yes □ No 
Algeria □ Yes □ No 
Angola □ Yes □ No 
Anguilla □ Yes □ No
Argentina □ Yes □ No
Armenia □ Yes □ No
Azerbaijan □ Yes □ No
Bangladesh □ Yes □ No
Belarus □ Yes □ No
Belize □ Yes □ No
Benin □ Yes □ No
Bhutan □ Yes □ No
Bolivia (Plurinational State of) □ Yes □ No
Bosnia and Herzegovina □ Yes □ No
Botswana □ Yes □ No
Brazil □ Yes □ No
Brunei Darussalam □ Yes □ No
Bulgaria □ Yes □ No
Burkina Faso □ Yes □ No
Burundi □ Yes □ No
Cabo Verde □ Yes □ No
Cambodia □ Yes □ No
Cameroon □ Yes □ No
Central African Republic □ Yes □ No
Chad □ Yes □ No
China □ Yes □ No
China, Hong Kong SAR □ Yes □ No
China, Macao SAR □ Yes □ No
Colombia □ Yes □ No
Comoros □ Yes □ No


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, NORTHERN KENTUCKY UNIVERSITY requires that you receive TB testing. A staff member of the NKU Health, Counseling and Student Wellness Office will discuss with you TB testing options.

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).

History of a positive TB skin test or IGRA blood test? Yes _____ No _____

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes _____ No _____
1. TB Symptom Check

Does the student/patient have signs or symptoms 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. 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____

* 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)    QFT-GIT     T-Spot     other____

M      D      Y

Result:  negative___  positive___  indeterminate___  borderline___ (T-Spot only)

Date Obtained: ____/____/____

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/patients 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, those 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 jejunooileal 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/patient agrees to receive treatment

_______ Student/patient declines treatment at this time

If declined treatment: Signature and date of refusal________________________________

______________________________

Heal

th Care Professional Signature and Title

Date form completed: __________________________________________