The University of Texas at Dallas Student Health Center requires all persons born outside the United States to have an IGRA blood test (QuantiFERON or T-Spot) for TB screening to rule out TB, prior to registering for classes their first semester at UT Dallas. The student is responsible for having the required testing and for any related costs. Screening for TB must be administered and interpreted in the United States, regardless of prior BCG vaccination, within six (6) months of registration. You may mail, fax or email the completed form (allow sufficient time), or you may bring it with you and submit to the Student Health Center. Students who do not complete the screening for tuberculosis, an IGRA blood test, will not be allowed to register for classes.

The University of Texas at Dallas
Student Health Center
800 W. Campbell Road, SSB 43
Richardson, TX 75080
(Tel) 972-883-2747/ (Fax) 972-883-2069

Name (Please Print): ___________________________ Date of Birth: MM/DD/YYYY

U.S. Address: __________________________________________ U.S. Phone #: __________

UTD Email Address: ___________________________ 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 or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.)

Afghanistan  China, Macao SAR  Colombia  Honduras  India  Myanmar  Namibia
Algeria  Colombia  Comoros  Indonesia  Nauru  Nepal  Nicaragua
Angola  Congo  Democratic People's Republic of Korea  Kazakhstan  Kenya  Niger  Nigeria
Anguilla  Democratic Republic of the Congo  Kiribati  Kuwait  Niue  Northern Mariana Islands
Argentina  Djibouti  Dominican Republic  Kyrgyzstan  Lao People's Democratic Republic  Pakistan  Palau
Armenia  Equatorial Guinea  Eritrea  Latvia  Lesotho  Paraguay  Peru
Azerbaijan  Eswatini  Ethiopia  Liberia  Libya  Lesotho  Philippines
Bangladesh  Fiji  French Polynesia  Madagascar  Malawi  Malaysia  Maldives
Belarus  Gabon  Gambia  Malgi  Mali  Marshall Islands  Mauritania
Belize  Georgia  Ghana  Mexico  Micronesia (Federated States of)  Mongolia  Morocco
Benin  Djibouti  Dominican Republic  Minnesota  Marshall Islands  Mozambique
Bhutan  Ecuador  El Salvador  Mozambique  Namibia  Nepal  Nigeria
Bolivia (Plurinational State of)  Equatorial Guinea  Eritrea  Morocco  Myanmar  Namibia
Bosnia and Herzegovina  Eswatini  Ethiopia  Mozambique  Nepal  Nicaragua
Botswana  Fiji  French Polynesia  Nigeria  Niger  Nigeria
Brazil  Gabon  Gambia  Nigeria  Niger  Nigeria
Brunei Darussalam  Georgia  Ghana  Nigeria  Niger  Nigeria
Bulgaria  Ghana  Green Island  Mauritania  Mexico  Micronesia (Federated States of)
Burkina Faso  Green Island  Greenland  Mauritania  Mexico  Micronesia (Federated States of)
Burundi  Guinea  Guinea-Bissau  Marshall Islands  Mauritania  Mexico
Côte d'Ivoire  Guinea  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
Cabo Verde  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
Cambodia  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
Cameroon  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
Central African Republic  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
Chad  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
China  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)
China, Hong Kong SAR  Haiti  Guatemala  Mauritania  Mexico  Micronesia (Federated States of)

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 \textit{M. tuberculosis} infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?  
☐ Yes ☐ No

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

If the answer is \textbf{YES to any of the above questions}, The University of Texas at Dallas 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 the above questions is \textbf{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.

\textbf{Part II. Clinical Assessment by Health Care Provider}

Clinicians should review and verify the information in Part I. Persons answering \textbf{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 ____

\textbf{1. TB Symptom Check}

Does the student 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 chest x-ray (PA and lateral) and sputum evaluation as indicated.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
2. **Interferon Gamma Release Assay (IGRA)**

Date Obtained: _____/_____/_____ (specify method) QFT-GIT T-Spot other ______

Result: negative ___ positive ___ indeterminate ___ borderline ___ (T-Spot only)

Date Obtained: _____/_____/_____ (specify method) QFT-GIT T-Spot other ______

Result: negative ___ positive ___ indeterminate ___ borderline ___ (T-Spot only)

3. **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: _____/_____/_____ Result: normal _____ abnormal _____

**Part III. Management of Positive IGRA or TST**

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 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 jejunoileal 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

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Prepared originally by ACHA’s Tuberculosis Guidelines Task Force
Revised by Emerging Public Health Threats and Emergency Response Coalition

**NOTE:** Any student submitting false or fraudulent information will be subject to disciplinary action.

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