

Student Health Center
THE UNIVERSITY OF TEXAS AT DALLAS
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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.

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) Yes No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/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

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

Interferon Gamma Release Assay (MUST PROVIDE COPY OF LAB REPORT)

a. Date Obtained: ___/___/___ (specify method) QFT-GIT T-Spot other ___
M D Y

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

b. Date Obtained: ___/___/___ (specify method) QFT-GIT T-Spot other ___
M D Y

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

Signature of Licensed Medical Provider _____

Name and Address of Provider or Clinic _____

Phone Number _____

Facility Stamp

****TO BE COMPLETED BY CLINICIAN ONLY IF IGRA IS POSITIVE****

Part II. Clinical Assessment by Health Care Provider

(Clinicians should review and verify the information in Part I)

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

History of BCG vaccination? Yes ___ No ___

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ___ No ___

If No, proceed to 2.

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 testing, chest x-ray, and sputum evaluation as indicated.

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

2. Chest x-ray (Required if TST or IGRA is positive)

Please provide a copy of the radiology report if available

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

Reading – results of X-ray:

Signature of Radiologist or Ordering Physician:_____
Name of Facility where X-ray was taken:_____
Facility Stamp

Address: _____

****TO BE COMPLETED BY CLINICIAN ONLY IF EVALUATING FOR TB/LTBI******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_____
Student Signature_____
Date_____
Health Care Professional Signature_____
Date

*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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