

Department of Health Services

P.O. Box 1630
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Name: _____ Social Security #: _____ Birthdate: _____

MA State Guidelines: For you and for your Physician to use to determine your risk factor and need for TB (Mantoux) testing.
 Please return to Health Services

Tuberculosis Risk Questionnaire for College and University Students

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were you born in one of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you traveled or lived for more than one month in one or more of the countries listed below? | <input type="checkbox"/> | <input type="checkbox"/> |

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Afghanistan	Colombia	India	Moldova, Rep.	Senegal
Angola	Comoros	Indonesia	Mongolia	Sierra Leone
Armenia	Congo	Iran	Morocco	Solomon Islands
Azerbaijan	Congo, DR	Iraq	Mozambique	Somalia
Bahamas	Cote d'Ivoire	Kazakhstan	Myanmar	South Africa
Bahrain	Croatia	Kenya	Namibia	Sri Lanka
Bangladesh	Djibouti	Kiribati	Nepal	Sudan
Belarus	Dominican Rep.	Korea, DPR	New Caledonia	Suriname
Benin	Ecuador	Korea, Rep.	Nicaragua	Swaziland
Bhutan	El Salvador	Kyrgyzstan	Niger	Syrian Arab Rep.
Bolivia	Equatorial Guinea	Lao PDR	Nigeria	Tajikistan
Bosnia & Herzegovina	Eritrea	Latvia	Niue	Tanzania, UR
Botswana	Estonia	Lesotho	Northern Mariana Islands	Thailand
Brazil	Ethiopia	Liberia	Pakistan	Togo
Brunei Darussalam	Gabon	Lithuania	Palau	Tokelau
Burkina Faso	Gambia	Macedonia, TFYR	Panama	Turkmenistan
Burundi	Georgia	Madagascar	Papua New Guinea	Uganda
Cambodia	Ghana	Malawi	Paraguay	Ukraine
Cameroon	Guam	Malaysia	Peru	Uzbekistan
Cape Verde	Guatemala	Maldives	Philippines	Vanuatu
Central African Rep.	Guinea	Mali	Portugal	Vietnam
Chad	Guinea-Bissau	Marshall Islands	Romania	Yemen
China	Guyana	Mauritania	Russian Federation	Zambia
China, Hong Kong SAR	Haiti	Mauritius	Rwanda	Zimbabwe
China, Macao SAR	Honduras	Micronesia	Sao Tome & Principe	

* World Health Organization. Global tuberculosis control. WHO report 2002.

If the answer to **any** of the above questions is **YES**, the Massachusetts Department of Public Health **strongly recommends** that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to **all** of the above questions is **NO**, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test.

MEDICAL EVALUATION OF COLLEGE AND UNIVERSITY STUDENTS FOR LATENT TUBERCULOSIS INFECTION

Tuberculin Skin Test

Date ____/____/____

Result (48 – 72 hours) _____ mm of induration
(If no induration, mark "0")

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Risk-based Interpretation

Negative

Positive

INTERPRETATION OF TUBERCULIN SKIN TEST	
RISK FACTOR	POSITIVE RESULT
Close contact with a case of tuberculosis	5 mm or more
Born in a country that has a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country that has a high rate of tuberculosis	10 mm or more
None [test not recommended]	15 mm or more

If the tuberculin skin test is positive:

Chest X-ray

Date ____/____/____

Normal

Abnormal _____

(Describe)

Clinical Evaluation

Date ____/____/____

Normal

Abnormal _____

(Describe)

Treatment

Yes _____

(Drug, dose, frequency, and dates)

No

Signature of Health Care Professional: _____

Please Mail this Form with your WSC Health Form. Thank you.