

# University of Connecticut Tuberculosis (TB) Assessment

UConn Student Health Services    SHS.UCONN.EDU

Student Last Name		Student First Name	Student Middle Name
Date of Birth: <small>MM/DD/YYYY</small>	Legal Gender:	Preferred Gender Identity:	Net ID

YEAR BEGINNING AT UCONN \_\_\_\_\_  Fall  Spring

CAMPUS ATTENDING:  SSW  STORRS  AVERY POINT  HARTFORD  STAMFORD  WATERBURY

## TUBERCULOSIS (TB) RISK QUESTIONNAIRE (Questions a. through d. to be answered by the student)

a) Have you ever had a positive tuberculosis skin or blood test in the past? <span style="color: red;">If YES, Go to Chest X-ray / Medication sections below</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Were you born in one of the countries listed below? <span style="color: red;">If yes, please circle which one(s)</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Have you traveled to or lived for more than one month in one or more of the countries listed? <span style="color: red;">If yes, please circle which one(s)</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IF you answered NO to all questions no further action is required.**

IF you answered YES to any question in b through d you must have a TB blood or skin test and provide the results below. A chest x-ray is not accepted for b through d YES answers.

No exemption for prior BCG. If you have received BCG in the past, a TB blood test is recommended however a TB skin test is accepted.

## TUBERCULOSIS (TB) TESTING (Results below to be documented by healthcare provider.)

**Testing and Chest X-ray (if required) must be done within 6 months prior to the start of school.**

<b>TB BLOOD TEST (IGRA)</b> <span style="color: red;"><i>Recommended if prior BCG</i></span> <input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot Date: _____ <u>Result:</u> <input type="checkbox"/> NEG <input type="checkbox"/> POS	<b>OR TB SKIN TEST (PPD)</b> Date Planted: _____ Date Read: _____ <u>Interpretation:</u> <input type="checkbox"/> NEG <input type="checkbox"/> POS mm of induration: _____	<b>CHEST X-RAY</b> <ul style="list-style-type: none"> <li>Only accepted/required if past or current positive TB skin or blood test.</li> <li>Not required if completed treatment for TB</li> </ul> Chest X-ray Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>MEDICATION TREATMENT</b> <input type="checkbox"/> Latent TB Infection <input type="checkbox"/> Active TB Infection Date(s): _____ List Medication(s): _____
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**Signature of Health Care Practitioner (MD / DO / APRN / PA)**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Name (print) \_\_\_\_\_ Address \_\_\_\_\_

### List of High Risk Tuberculosis Countries

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

**Submit completed form and any attachments by scanning and uploading to the Student Health Portal**  
[myHealth.uconn.edu](http://myHealth.uconn.edu)