

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? If YES, Go to Chest X-ray / Medication sections below	<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? If yes, please circle which one(s)	<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? If yes, please circle which one(s)	<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.

TB BLOOD TEST (IGRA) <i>Recommended if prior BCG</i> <input type="checkbox"/> Quantiferon <input type="checkbox"/> T-Spot Date: _____ <u>Result:</u> <input type="checkbox"/> NEG <input type="checkbox"/> POS	OR TB SKIN TEST (PPD) Date Planted: _____ Date Read: _____ <u>Interpretation:</u> <input type="checkbox"/> NEG <input type="checkbox"/> POS mm of induration: _____	CHEST X-RAY <ul style="list-style-type: none"> Only accepted/required if past or current positive TB skin or blood test. Not required if completed treatment for TB Chest X-ray Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	MEDICATION TREATMENT <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 | Djibouti | Lao PDR | Pakistan | Tajikistan |
| Azerbaijan | Dominican Republic | Latvia | Palau | Thailand |
| Bangladesh | Ecuador | Lesotho | Panama | Timor-Leste |
| Belarus | El Salvador | Liberia | Papua New Guinea | Togo |
| Belize | Equatorial Guinea | Libyan Arab Jamahiriya | Paraguay | Tonga |
| Benin | Eritrea | Lithuania | Peru | Tunisia |
| Bhutan | Guinea | Madagascar | Philippines | Turkmenistan |
| Bolivia | Guinea-Bissau | Malawi | Portugal | Tuvalu |
| Bosnia and Herzegovina | Guyana | Malaysia | Qatar | Uganda |
| Botswana | Haiti | Maldives | Republic of Korea | Ukraine |
| Brazil | Honduras | Mali | Republic of Macedonia | United Republic of Tanzania |
| Brunei Darussalam | India | Marshall Islands | Republic of Moldova | Uruguay |
| Bulgaria | Indonesia | Mauritania | Romania | Uzbekistan |
| Burkina Faso | Iraq | Mauritius | Russian Federation | Vanuatu |
| Burundi | | Mexico | Rwanda | Venezuela |
| Cambodia | | Guatemala | Sao Tome and Principe | Viet Nam |
| Cameroon | | Mongolia | Senegal | Yemen |
| Cape Verde | | Montenegro | Serbia | Zambia |
| Central African Republic | | Morocco | Sierra Leone | Zimbabwe |
| Chad | | Mozambique | Singapore | |
| China | | Myanmar | Solomon Islands | |
| China, Hong Kong | | Namibia | Somalia | |
| China, Macao | | Nauru | South Africa | |
| Colombia | | Nepal | Sri Lanka | |

Submit completed form and any attachments by scanning and uploading to the Student Health Portal
myHealth.uconn.edu