



SPRINGFIELD COLLEGE HEALTH CENTER

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TUBERCULOSIS SCREENING

Name _____ Date of Birth _____ ID# _____

NOTE: This form must be signed and dated by a health care provider even if a test is not administered. Tuberculosis (TB) screening and/or TB skin test or blood test must be performed within one year prior to first day of classes.

- 1: Has the student ever had close contact with anyone who was sick with TB? Yes No
 If "no," proceed to Question 2.
 If "yes," proceed with a tuberculin skin test or blood test. A history of BCG vaccination should not preclude testing a member of a high-risk group.
- 2: Was the student born in one of the countries listed below: Yes No
 If "no," proceed to Question 3.
 If "yes," proceed with a tuberculin skin test or blood test.
- 3: Has the student traveled or lived for more than one month in one or more of the countries listed below? Yes No
 If "no," then no further evaluation is needed at this time. **Please sign and date below to complete this form.**
 If "yes," proceed with a tuberculin skin test or blood test.

Afghanistan	Colombia	India	Moldova, Republic	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 Republic	Korea, DPR	New Caledonia	Suriname
Benin	Ecuador	Korea, Republic	Nicaragua	Swaziland
Bhutan	El Salvador	Kyrgyzstan	Niger	Syrian Arab Republic
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	

4: Tuberculin Skin Test: Use 5 TU Mantoux test only; result of multiple puncture tests, such as Tine, not accepted.
 Date Given ___/___/___ Date Read ___/___/___
 Result: _____ mm (Record actual mm of induration, transverse diameter. If no induration write "0.")
 Interpretation (based on mm of induration as well as risk factors): Positive Negative
 OR Tuberculin Blood Test (IGRA) Positive Negative

5: Chest X-ray (Required if tuberculin skin test or blood test is positive.)
 Result: Normal Abnormal Date of Chest X-ray ___/___/___

Clinician's Signature _____ Date _____
 Printed Name _____
 Address _____
 Telephone _____