

NOTE: ALL FORMS MUST BE SUBMITTED AS SOON AS POSSIBLE AND NO LATER THAN AUGUST 1ST FOR FALL ENTRY, JANUARY 1ST FOR SPRING ENTRY, AND MAY 1ST FOR SUMMER ENTRY

Springfield College Health Center
 263 Alden Street / Springfield, MA 01109
 (413) 748-3175 / (413) 748-3444 (fax)

Name: _____ Date of Birth: _____ Identification #: _____

TUBERCULOSIS SCREENING

NOTE: This form must be signed and dated by a health care provider even if a Mantoux test is not administered. Also, Tuberculosis Screening and/or Mantoux testing must be performed within 1 year prior to first day of classes.

1. Has the student ever had close contact with anyone who was sick with tuberculosis (TB)? YES NO
 If NO, proceed to Question 2.
 If YES, proceed with a tuberculin skin test (Mantoux only). A history of BCG vaccination should not preclude testing of 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 (Mantoux only)

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 stop. 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 (Mantoux only)

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 Republic	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

5. Chest X-Ray (required if tuberculin test is positive):
 Result: Normal Abnormal Date of Chest X-Ray: ____ / ____ / ____

CLINICIAN'S SIGNATURE: _____ **DATE:** _____
PRINTED NAME: _____
ADDRESS: _____

TELEPHONE: _____