



SPRINGFIELD COLLEGE HEALTH CENTER

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TUBERCULOSIS SCREENING

Name _____ Date of Birth _____ ID# _____

NOTE: Tuberculosis (TB) screening and/or TB skin test or blood test must be performed within one year prior to first day of classes.

- 1: Have you ever had close contact with anyone who was sick with TB? Yes No
- 2: Were you born in one of the countries listed below? Yes No
- 3: Have you had frequent or prolonged visits to one or more of the countries listed below? Yes No
- 4: Have you been a resident, volunteer and/or employee of a high-risk congregate setting? Yes No
(correctional facilities, long-term care facilities, homeless shelters)
- 5: Have you ever been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease? Yes No
- 6: Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

Afghanistan	Colombia	India	Mozambique	Somalia
Algeria	Comoros	Indonesia	Myanmar	South Africa
Angola	Congo	Iraq	Namibia	South Sudan
Anguilla	Cote d'Ivoire	Kazakhstan	Nauru	Sri Lanka
Argentina	DPR of the Congo	Kenya	Nepal	Sudan
Armenia	Djibouti	Kiribati	Nicaragua	Suriname
Azerbaijan	Dominica	Korea, DPR	Niger	Tajikistan
Bangladesh	Dominican Republic	Korea, Republic	Nigeria	Tanzania, UR
Belarus	Ecuador	Kyrgyzstan	Niue	Thailand
Belize	El Salvador	Lao PDR	Northern Mariana Islands	Timor-Leste
Benin	Equatorial Guinea	Latvia	Pakistan	Togo
Bhutan	Eritrea	Lesotho	Palau	Tokelau
Bolivia (Plurinational State)	Eswatini	Liberia	Panama	Tunisia
Bosnia & Herzegovina	Ethiopia	Libya	Papua New Guinea	Turkmenistan
Botswana	Fiji	Lithuania	Paraguay	Tuvalu
Brazil	French Polynesia	Madagascar	Peru	Uganda
Brunei Darussalam	Gabon	Malawi	Philippines	Ukraine
Burkina Faso	Gambia	Malaysia	Qatar	Uruguay
Burundi	Georgia	Maldives	Republic of Korea	Uzbekistan
Cabo Verde	Ghana	Mali	Republic of Moldova	Vanuatu
Cambodia	Greenland	Marshall Islands	Romania	Venezuela (Bolivarian
Cameroon	Guam	Mauritania	Russian Federation	Republic of)
Central African Rep.	Guatemala	Mexico	Rwanda	Vietnam
Chad	Guinea	Micronesia	Sao Tome & Principe	Yemen
China	Guinea-Bissau	Mongolia	Senegal	Zambia
China, Hong Kong SAR	Guyana	Morocco	Sierra Leone	Zimbabwe
China, Macao SAR	Haiti		Singapore	
	Honduras		Solomon Islands	

If "No" to all the above questions then no further evaluation is needed at this time.

If "Yes" to any of the above questions then Springfield College requires TB testing (tuberculin skin test or blood test/IGRA).

Please complete information below:

7: 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)
 Interpretation (based on mm of induration as well as risk factors): Positive Negative

OR Tuberculin Blood Test (IGRA) Positive Negative

8: 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 _____ Telephone _____
 Address _____