



University Health Center
The University of Georgia
Athens, GA 30602-1755
706-542-8617 – Health Information
706-542-4959 – Fax for Health Forms

Name _____
UGA ID # _____
Date of Birth _____

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE (REQUIRED)

Complete this form and return to the University Health Center prior to the first day of class at UGA.

- Have you ever had a positive TB skin test? ☐ Yes ☐ No
- Have you ever had close contact with anyone who was sick with TB? ☐ Yes ☐ No
- Were you born in one of the countries listed below*? If yes, please CIRCLE the country. Yes No
- If you marked yes above, have you arrived in the US within the past 5 years? ☐ Yes ☐ No
- Have you ever been vaccinated with BCG (bacille Calmette-Guérin) vaccine? ☐ Yes ☐ No

If the answer is YES to any of the above screening questions, you must complete page 3.

The University of Georgia requires that students complete a tuberculosis risk assessment by a physician or healthcare facility. This TB Risk Assessment (page 3) must be completed no later than 30 days following the first day of the initial semester at UGA. TB Risk Assessment may be completed at the University Health Center, UGA, Athens, GA, following the first day of classes during the initial enrolled semester.

If the answer is NO to all of the above questions, no further assessment is required.

Mail this signed form to the University Health Center, The University of Georgia, Athens, GA, 30602 or fax to 706-542-4959.

Signature of Student _____ Date _____
OR Signature of parent if student is <18 years old

* List of countries:

Afghanistan	DR - Congo	Kazakhstan	Nepal	South Africa
Algeria	Cote d'Ivoire	Kenya	New Caledonia	Spain
Angola	Croatia	Kiribati	Nicaragua	Sri Lanka
Anguilla	Djibouti	DPR - Korea	Niger	Sudan
Argentina	Dominican Republic	Republic of Korea	Nigeria	Suriname
Armenia	Ecuador	Kuwait	Niue	Swaziland
Azerbaijan	Egypt	Kyrgyzstan	N. Mariana Islands	Syrian Arab Republic
Bahamas	El Salvador	Lao PDR	Pakistan	Tajikistan
Bahrain	Equatorial Guinea	Latvia	Palau	Tanzania UR
Bangladesh	Eritrea	Lesotho	Panama	Thailand
Belarus	Estonia	Liberia	Papua New Guinea	Timor-Leste
Belize	Ethiopia	Lithuania	Paraguay	Togo
Benin	Fiji	TFYR of Macedonia	Peru	Tokelau
Bhutan	French Polynesia	Madagascar	Philippines	Tonga
Bolivia	Gabon	Malawi	Poland	Tunisia
Bosnia & Herzegovina	Gambia	Malaysia	Portugal	Turkey
Botswana	Georgia	Maldives	Qatar	Turkmenistan
Brazil	Ghana	Mali	Romania	Tuvalu
Brunei Darussalam	Guam	Mauritania	Russian Federation	Uganda
Bulgaria	Guatemala	Mauritius	Rwanda	Ukraine
Burkina Faso	Guinea	Mexico	St. Vincent & The Grenadines	Uruguay
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Uzbekistan
Cambodia	Guyana	Moldova-Rep	Saudi Arabia	Vanuatu
Cameroon	Haiti	Mongolia	Senegal	Venezuela
Cape Verde	Honduras	Montenegro	Seychelles	Viet Nam
Central African Republic	India	Morocco	Sierra Leone	Wallis & Futuna Islands
Chad	Indonesia	Mozambique	Singapore	W. Bank & Gaza Strip
China	IR - Iran	Myanmar	Solomon Islands	Yemen
Colombia	Iraq	Namibia	Somalia	Zambia
Comoros	Japan	Nauru		Zimbabwe
Congo				

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population.

University Health Center review _____ Date _____



University Health Center
The University of Georgia
Athens, GA 30602-1755
706-542-8617 Health Information
706-542-4959 Fax for health forms

Name _____
UGA ID# _____
Date of Birth _____

TUBERCULOSIS (TB) RISK ASSESSMENT (Required if risk noted on TB Screening Questionnaire)

A. Patient Section

Recent close contact with someone with infectious TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign-born from (or travel* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America) * This significance of the travel exposure should be discussed with a health care provider and evaluated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ transplant recipient	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF- α antagonist)	<input type="checkbox"/> Yes <input type="checkbox"/> No
History of illicit drug use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Resident, employee, or volunteer in a high-risk congregate setting (e.g. correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical condition associated with increased risk of progressing to TB disease if infected [e.g, diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)]	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Healthcare provider section: Discuss the significance of exposure and evaluate the patient.

1. Does the student have signs or symptoms of active tuberculosis disease?

- ☐ Yes Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing (TST), chest x-ray, and sputum evaluation as indicated.
- ☐ No Proceed to #2 or #3. Completion of either #2 or #3 is required for **all** students with any risk factor noted above.

2. Tuberculin Skin Test (TST) TST result must be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors. See guidelines** listed on instructions page.

Date Given: ____/____/____
mm dd yyyy

Date Read: ____/____/____
mm dd yyyy

Result: _____ mm induration

**Interpretation: positive _____ negative _____

3. Interferon Gamma Release Assay (IGRA): Check the specific method: ☐ QFT-G ☐ QFT-GIT ☐ other _____

Date Obtained: ____/____/____
mm dd yyyy

Result: ☐ Negative ☐ Positive ☐ indeterminate

4. Chest x-ray: Required if TST or IGRA is positive, or symptoms of active disease present. Attach a copy of the chest x-ray report to this document.

Date of chest x-ray: ____/____/____
mm dd yyyy

Result: ☐ normal ☐ abnormal

5. Sputum evaluation: Required if TST or IGRA is positive, or symptoms of active disease present. Attach a copy of the sputum report to this document.

Date performed: ____/____/____
mm dd yyyy

Result: ☐ normal ☐ abnormal

6. Diagnosis (check at least one)

____ Active TB on Therapy

____ Latent TB Infection on therapy

____ Active TB Completed Therapy

____ Latent TB Infection declined therapy

____ All tests Negative, (no disease)

____ Latent TB Infection completed therapy

Required signature of physician or healthcare provider:

Name _____

Phone _____

Address _____

City, State, Zip Code _____

Signature _____

Date _____

10/2011