

SCHOOL ADMISSION: TUBERCULOSIS (TB) SCREENING FORM

TO BE COMPLETED BY HEALTH CARE PROVIDER
(EL PROVEDOR MÉDICO DEBE COMPLETAR ESTE FORMULARIO)

STUDENT NAME _____ DATE _____

1. ASK if student has symptoms of TB disease: (Check all that apply)

___ Cough for 3 weeks or more ___ Unexplained fever or night sweats ___ Weight loss or poor weight gain
___ Unexplained swelling in the neck (lymph node enlargement)

- NO to all **————>** Go to Step #2
 YES to any **————>** Evaluate symptoms (call Arlington Public Health for questions: 703-228-5200 (press 1))

2. ASK about previous TB exposure or disease: Has the student ever had a positive Tuberculosis Skin Test (TST), OR a positive TB blood test (IGRA), OR ever had active TB disease?

- NO to all **————>** Go to Step #3
 YES to any **————>** Does the student have a documented negative chest xray? If yes, fill out and sign the Certificate at bottom of page. If no, obtain a chest xray and proceed based on results. (If unsure how to proceed, contact Arlington Public Health at 703-228-5200 and press 1)

3. ASK ABOUT PREVIOUS TB testing: Has the student ever had a negative TST or IGRA?

- NO to all **————>** Go to Step #4
 YES to any **————>** Go to Step #4 and ask the questions only for the time period since the most recent negative test

4. RISK FACTOR ASSESSMENT: Ask ALL the following questions and check YES or NO for each question.

- a. YES NO Has the student lived or travelled* for 3 months or more in one of the high risk countries listed on the next page? (Note: high risk countries can be found at <http://www.stoptb.org/countries/tbdata.asp>)
- b. YES NO Has the student been homeless within the past 2 years or ever been a resident of a shelter, prison, or jail?
- c. YES NO Does the student have a condition or take medicine which suppresses their immune system, such as HIV, cancer, diabetes, organ transplant, severe kidney disease, daily oral steroids, etc?
- d. YES NO Has a household member or close contact of the student been sick with TB within the past two years*?
- e. YES NO Has a household member or close contact of the student been homeless within the past two years?
- f. YES NO Has a household member or close contact of the student ever used IV drugs or ever been a resident/employee of a shelter, prison, jail, or other facility with a high risk of TB?

If **ALL** are "No", no further testing is required. Fill out the Certificate below and give to the student.

If **ANY** are "Yes", the student needs a TST or IGRA

- If TST is placed, "positive" is ≥ 5 mm for questions 4c or 4d, and ≥ 10 mm for questions 4a, 4b, 4e or 4f

- IGRAs may not be approved for all ages of children -- check with your reference laboratory

- TSTs and IGRA blood tests should NOT be done within 6 weeks of administration of a live viral vaccine (but ok to administer on same day)

*Note: If less than 10 weeks since return from high-risk country OR since end of close exposure to active case, repeat TB testing in 10 weeks.

CERTIFICATE OF TB SCREENING

Student name: _____ DOB: _____

Please check off one below and add any relevant dates and/or results:

- ___ No risk factors identified, no test needed.
___ Previous negative TST or IGRA (date: _____) AND no new risk factors since last TB test.
___ Prior documented positive TST/IGRA (circle one) on _____ (date) with negative chest xray (date of cxr: _____).
___ Risk factor identified, negative TST/IGRA (circle one) test on _____ (date).
___ Risk factor identified, positive TST/IGRA (circle one) test on _____ (date). Negative Chest xray on _____ (date).

SIGNATURE, Health Care Provider
(Physician, Registered Nurse, or Physician Assistant)

Date

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High TB Burden Country List 2018

Persons from countries with a high TB incidence (20/100,000) should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if they are symptomatic or have an individual risk factor for TB infection or progression to TB disease.

(Data obtained from WHO 2015 Global report)



Afghanistan	Fiji	Marshall Islands	Sri Lanka
Algeria	French Polynesia	Mauritania	Sudan
Angola		Micronesia (Federal States)	Suriname
Argentina	Gabon	Moldova (Republic of)	Swaziland
Armenia	Gambia	Mongolia	Syrian Arab Republic*
Azerbaijan	Georgia	Morocco	
	Ghana	Mozambique	Tajikistan
Bangladesh	Guam	Myanmar (Burma)	Thailand
Belarus	Guatemala		Timor-Leste
Belize	Guinea	Nauru	Togo
Benin	Guinea-Bissau	Nepal	Tunisia
Bhutan	Guyana	Nicaragua	Turkmenistan
Bolivia		Niger	Tuvalu
Bosnia and Herzegovina	Haiti	Nigeria	Tanzania (United Republic)
Botswana	Honduras	Northern Mariana Islands	
Brazil			Uganda
Brunei Darussalam	India	Pakistan	Ukraine
Bulgaria	Indonesia	Palau	Uruguay
Burkina Faso	Iran *(Islamic Republic of)	Panama	Uzbekistan
Burundi	Iraq	Papua New Guinea	
Burma (Myanmar)		Paraguay	Vanuatu
	Kazakhstan	Peru	Venezuela
Cabo Verde	Kenya	Philippines	Viet Nam
Cambodia	Kiribati	Portugal	
Cameroon	Kuwait		Wallis and Futuna Islands
Central African Republic	Kyrgyzstan	Qatar	
Chad	Korea (North and South)		Yemen
China		Romania	
Colombia	Lao	Russian Federation	Zambia
Congo (Democratic Republic)	Latvia	Rwanda	Zimbabwe
Cote d'Ivoire	Lesotho		
	Liberia	Sao Tome and Principe	
Djibouti	Lithuania	Senegal	
Dominican Republic	Libya *	Serbia	
		Sierra Leone	
Ecuador	Madagascar	Singapore	
El Salvador	Malawi	Solomon Islands	
Equatorial Guinea	Malaysia	Somalia	
Eritrea	Maldives	South Africa	
Ethiopia	Mali	South Sudan	