



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 G00#: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Tuberculosis (TB) is still a worldwide health problem. In consideration of public health on campus and in the community, TB Screening is **required** for ALL incoming students. The student/patient should complete screening online (MYHEALTH.geneseo.edu). The screening questions are listed below for **provider evaluation purposes**. **ANY** Yes responses to question 1-9, the patient will require proof of skin or blood test results in the past 12 months. **SUNY Geneseo is unable to provide any orders regarding this TB screening questionnaire. The students' provider is responsible for placing any/all lab orders.**

### Tuberculosis Screening Questions

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Was the patient a) born outside the United States b) received a BCG vaccine or c) have a positive skin test result? <b>If YES, provider will need to place an order for an Interferon Gamma Release Assay (IGRA/ T-Spot/Quantiferon) blood test and submit the lab report to your health portal. Do not plant PPD/skin test.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Was the patient born in one of the countries or territories listed below that have a high incidence of active TB disease? If yes, CIRCLE the countries on the back page* and list dates.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Has the patient been a resident in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? If yes, CIRCLE the countries, listed on back page*.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Has the patient ever had the BCG vaccine?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Has the patient ever had close contact with persons known or suspected to have active TB disease?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Has the patient been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Has the patient been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Has the patient 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?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Has the patient ever had a positive TB (IGRA) blood/skin test or been told they have/had TB?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. If the patient had ANY positive TB test result, please submit a chest Xray report. Tests/lab reports and chest X-rays should be within the past 12 months.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. If ANY positive TB result, was the patient given counseling about taking anti-tuberculosis medication?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Has the patient taken anti-tuberculosis medication?  If yes, please provide what medication(s); duration; if they completed the treatment.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Do they have signs or symptoms of active TB? (Unexplained cough greater than 2 weeks duration, fevers, chills, night sweats, weight loss or swollen glands)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Are they taking immunosuppressant medications such as prednisone?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Have they received an organ transplant?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Do they have HIV disease?

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**Health Services**  
 Phone: 585.245.5736  
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**Alcohol & Other Drug Services**  
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**Health Promotion**  
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Tuberculin Skin Test (TST/PPD) Plant	Tuberculin Skin Test Reading
_____	_____
<b>Date and Time Given/Planted</b>	<b>Date and Time Read</b>
_____	_____ millimeters (mm) of Induration
<b>Plant Site</b>	<b>Results</b>
_____	____ Negative ____ Positive
<b>Drug Manufacturer</b>	<b>Interpretation (mark one)</b>
_____	_____
<b>Lot# and Expiration Date</b>	_____
_____	_____
<b>Nurse/Provider Signature</b>	<b>Nurse/Provider Signature</b>
_____	_____

### HIGH RISK Countries

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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