



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.

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? If YES, draw an Interferon Gamma Release Assay (IGRA/ T-Spot/Quantiferon) blood test and submit the lab report. Do not plant PPD/skin test.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Was the patient born in one of the countries 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 had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? 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 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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Phone: 585.245.5736
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Phone: 585.245.5716
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Health Promotion
Phone: 585.245.5747
Fax: 585.245.5744



Name: _____ Date of Birth: _____
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Tuberculin Skin Test (TST/PPD) Plant	Tuberculin Skin Test Reading
_____	_____
Date and Time Given/Planted	Date and Time Read
_____	_____
Plant Site	_____ millimeters (mm) of Induration
_____	Results
Drug Manufacturer	_____ Negative _____ Positive
_____	Interpretation (mark one)
Lot# and Expiration Date	_____
_____	Nurse/Provider Signature
Nurse/Provider Signature	_____

HIGH RISK Countries

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

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

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