## SAINT MARTIN'S UNIVERSITY

Name		Last Name				
Starting Semester and Year_	First Name  Date of Birth  M	/ Class (circle		Undergradu	ate	Graduate
Part I: Tuberculos	is (TB) Screening Ques	tionnaire (to be complet	ed by incomi	ing Internation	nal st	udents)
Please answer the following	g questions:					
Have you ever had close co	ontact with persons known or	suspected to have active TI	3 disease?	[	☐ Ye	s 🛭 N
Were you born in one of th (If yes, please CIRCLE the	e countries listed below that h country, below)	have a high incidence of act	ive TB diseas	se? [	☐ Ye	s 🗖 N
Afghanistan Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China China, Hong Kong SAR Colombia Comoros	Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Estonia Ethiopia Fiji French Polynesia Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Guinea Guinea Guinea Guinea Guinea Guinea Haiti Honduras India Indonesia	Iran (Islamic Republic of) Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia (Federated States of) Mongolia Montenegro Morocco Mozambique Myanmar	Namibia Nauru Nepal Nicaragua Niger Nigeria Northern Mar Islands Pakistan Palau Panama Papua New G Paraguay Peru Philippines Poland Portugal Qatar Republic of K Republic of K Republic of M Romania Russian Feder Rwanda Saint Vincent Grenadines Sao Tome and Senegal Serbia Seychelles Sierra Leone Singapore	So S	omalia outh Afi outh Su i Lanka i Lanka i Lanka iriname wazilan ijikistar nailand mor-Le ogo inidad irinidad irinisia irinisia irinisia irinisia rrkmeni ivalu ganda kraine nited Ro Tanzan rauguay zbekista anuatu	dan d d d n este and Tobago istan epublic of ia an a (Bolivariar ic of)
updates, refer to http://apps.who.int/g  Have you had frequent or p	orolonged visits* to one or mo	re of the countries listed ab		•	populati  Ye:	
	(If yes, CHECK the countries exposure should be discussed with a l		ed.			
Have you been a resident a long-term care facilities, an	nd/or employee of high-risk c nd homeless shelters)?	ongregate settings (e.g., co	rrectional faci	ilities,	☐ Yes	s 🗆 N
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?						s 🗖 N
latent <i>M. tuberculosis</i> infe drugs or alcohol?	mber of any of the following ction or active TB disease – any of the above questions,	medically underserved, lo	w-income, or	abusing	☐ Yes	

as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

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ring YES to a ron Gamma R ow) Yes	elease Ass	say (IGRA),
ron Gamma R ow) Yes	elease Ass	say (IGRA),
Yes	No	
	110	
plained weight sweats	nt loss	
	tors.)**	
gative		
uivalent of >15	mg/d of pred	Inisone for >1 month.
ding silicosis, dia	abetes mellit	us, chronic renal
	of appetite plained weight t sweats r cluding tuberch nsverse diame rell as risk fact gative gative quivalent of >15 or a significant*; dding silicosis, dia	of appetite plained weight loss t sweats r cluding tuberculin skin to nsverse diameter; if no i rell as risk factors.)**

• persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be

tested.

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Naı	me First Name				L4 N	
1					Last Name	
	DC. Controlling Tuberculosis in the United Stateses Society of America. MMWR November			can Thoracio	e Society, CDC, a	and the Infectious
<b>3</b> . ]	Interferon Gamma Release Assay (Io	GRA)				
	M D Y	(specify method)				
	Result: negative positive	indeterminate	borderlin	ne (T-S	pot only)	
	Date Obtained://	(specify method)	QFT-GIT	T-Spot	other	
	Result: negative positive	indeterminate	borderlin	ne (T-S	pot only)	
	4. Chest x-ray: (Required if TST or	: IGRA is positive)				
	Date of chest x-ray:////	Result: normal	_ abnormal_			
All rec are pos	art III. Management of Positive TST or IGRA ommendation to be treated for latent Total at increased risk of progression from a sible.  Infected with HIV Recently infected with <i>M. tuberculos</i> History of untreated or inadequately to consistent with prior TB disease	A with no signs of act B with appropriate LTBI to TB disease is (within the past 2)	etive disease medication. and should years)	However, be prioritize	students in the zed to begin tr	e following groups reatment as soon as
	Receiving immunosuppressive therap corticosteroids equivalent to/greater t					
	organ transplantation Diagnosed with silicosis, diabetes me Have had a gastrectomy or jejunoilea Weigh less than 90% of their ideal bo Cigarette smokers and persons who a	l bypass ody weight	•	xemia, or c	ancer of the h	ead, neck, or lung
	opulations defined locally as having an increase ulations	ed incidence of disease d	lue to M. tubero	culosis, inclu	ding medically u	inderserved, low-income
	Student agrees to receive treatme	nt				
	Student declines treatment at this	time				
	Health Care Professiona	1 Signature			D	ate

Completed forms are to be sent to: Saint Martin's University Student Health Center 5000 Abbey Way SE Burton Hall 102 Lacey, WA 98503