

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 \longrightarrow Go to Step #2

YES to any \longrightarrow 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 \longrightarrow Go to Step #3

YES to any \longrightarrow 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 \longrightarrow Go to Step #4

YES to any \longrightarrow 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 for 3 months or more in one of the high risk countries listed on the next page?

Note: high risk countries are listed on the next page and also can be found at <http://www.stoptb.org/countries/tbdata.asp>

b. YES NO Has the student ever been homeless or 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 ever been sick with TB?

e. YES NO Has a household member or close contact of the student ever been homeless or a resident or 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 anyone else with one or more "yes" answers to questions 4a, 4b, or 4e.*

**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)*

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

Office stamp here

High TB Burden Country List 2016

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