

## **SPRINGFIELD COLLEGE HEALTH CENTER**

263 Alden St., Springfield, MA 01109 (413) 748-3175/ (413) 748-3444 (fax) healthcenter@springfield.edu

## **TUBERCULOSIS SCREENING**

Name		Date of Birth	ID#	
NOTE: Tuberculosis	s (TB) screening and/or TB	skin test or blood test must	be performed within one year prior	to first day of classes.
: Have you ever had close				Yes No
: Were you born in one of				Yes No
	. •	or more of the countries list		Yes No
		yee of a high-risk congrega	ate setting?	Yes No
	es, long-term care facilitie			
•	olunteer or healthcare wo	rker who served clients who	o are at increased risk for	
active TB disease?				Yes No
: Have you ever been a m	ember of any of the follow	ving groups that may have	an increased incidence of latent	
M. tuberculosis infection	or active TB disease: me	dically underserved, low-in	come, or abusing drugs or alcohol?	? Yes No
Afghanistan	Colombia	India	Mozambique	Somalia
Algeria	Comoros	Indonesia	Myanmar	South Africa
Angola	Congo	Iraq	Namibia	South Sudan
Anguilla	Cote d'Ivoire	Kazakhstan	Nauru	Sri Lanka
Argentina	DPR of the Congo	Kenya	Nepal	Sudan
Armenia	Djibouti	Kiribati	Nicaragua	Suriname
Azerbaijan Bangladesh	Dominica Dominican Popublic	Korea, DPR Korea, Republic	Niger Nigeria	Tajikistan Tanzania, UR
Belarus	Dominican Republic Ecuador	Kuwait	Nigeria Niue	Thailand
Belize	El Salvador	Kyrgyzstan	Northern Mariana Islands	Timor-Leste
Benin	Equatorial Guinea	Lao PDR	Pakistan	Togo
Bhutan	Eritrea	Latvia	Palau	Tokelau
Bolivia (Plurinational State)	Eswatini	Lesotho	Panama	Tunisia
Bosnia & Herzegovina	Ethiopia	Liberia	Papua New Guinea	Turkmenistan
Botswana	Fiji	Libya	Paraguay	Tuvalu
Brazil	French Polynesia	Lithuania	Peru	Uganda
Brunei Darussalam	Gabon	Madagascar	Philippines	Ukraine
Bulgaria Burkina Faso	Gambia Georgia	Malawi Malaysia	Qatar Republic of Korea	Uruguay Uzbekistan
Burundi	Ghana	Maldives	Republic of Moldova	Vanuatu
Cabo Verde	Greenland	Mali	Romania	Venezuela (Bolivarian
Cambodia	Guam	Malta	Russian Federation	Republic of)
Cameroon	Guatemala	Marshall Islands	Rwanda	Vietnam
Central African Rep.	Guinea	Mauritania	Sao Tome & Principe	Yemen
Chad	Guinea-Bissau	Mexico	Senegal	Zambia
China	Guyana	Micronesia	Sierra Leone	Zimbabwe
China, Hong Kong SAR China, Macao SAR	Haiti Honduras	Mongolia Morocco	Singapore Solomon Islands	
Cililia, Macao SAN	Hondulas	Morocco	Solomon islands	
If "Yes" to any of the a	bove questions then S F Use 5 TU Mantoux tes	pringfield College requir Please complete informates st only; result of multiple	evaluation is needed at this times TB testing (tuberculin skin tetion below:  puncture tests, such as Tine, notes and the many tests.  Result:mm (Record)	est or blood test/IGRA). ot accepted.
Interpretation (ba	used on mm of induration	on as well as risk factors	): Positive I	□ Negative
OR Tuberculin Blood	Test (IGRA)	Positive	ve	
: Chest X-ray (Required Result: Norma		or blood test is positive.) Date of Chest X-ray		
linician's Signature _			Date	
rinted Name			Telephone	
.ddress			<u>-</u>	