

# Texas Woman's University Student Health Services

## Tuberculosis (TB) Screening Requirement Form for Health Profession Students

Is your country of birth listed below? Yes  No

If yes, which of these is your birth country?

In the lists below, **please check the boxes to the left of ALL countries** you have **resided in** and/or **traveled to** for  $\geq 8$  weeks.

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

### SECTION 1

- Did you select any of the countries above?  Yes  No
- Are you enrolled in a program that requires TB Blood Testing?  Yes  No
- Have you ever had a BCG vaccine (Bacillus Calmette-Guerin)?  Yes  No
- Have you ever had a positive TB SKIN Test (PPD) and did NOT take antibiotics for it?  Yes  No
- Have you EVER had a TB BLOOD Test (IGRA, QuantiFERON, T-Spot)?  Yes  No
- Do you have cancer, HIV/AIDS, kidney disease or any immunosuppressive condition?  Yes  No
- Do you take immunosuppressive medication such as steroids, biologics or chemotherapy?  Yes  No
- Have you ever had an atypical mycobacteria infection?  Yes  No

**Any YES answer requires TB BLOOD Test with T-Spot or QuantiFERON Gold; TB Skin Test is NOT accepted.**

### SECTION 2

- Have you ever had a positive TB Blood Test?  Yes  No
- Have you ever taken antibiotics for tuberculosis?  Yes  No

**A YES answer in Section 2 requires you to have a Chest X-Ray and Tuberculosis Clearance Statement the first time TB documentation is submitted.** Subsequent screening requires only Tuberculosis Clearance Statement if there are no symptoms of active TB.

Student Name \_\_\_\_\_

TWU Student ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form and TB result record must be uploaded to TWU Patient Portal** <https://patient-twu.medicatconnect.com/default.aspx>. For questions or help completing this form, please contact TWU Student Health Services Immunization Compliance at (940) 898-3825, message using the TWU Patient Portal, or email [Immunization@twu.edu](mailto:Immunization@twu.edu).

## **TWU Student Tuberculosis Screening and Case Management Policy Requirements**

New International Students and those considered to be international by TAC §21.25(c) (formerly, HB 1403) or TEC 54.052 due to birth or residence outside of the U.S.

- Must complete the TB screening process prior to the first day of class.
- Must submit the TWU Tuberculosis (TB) Screening Requirement Form for New Students
  - Individuals who answer YES to any risk factor for TB are required to have a TB Blood Test
  - Individuals born, resided in, or traveled to countries at low risk for TB who also answer NO to all risk factor questions submit only the completed Form (TB Blood Test not required)
- **Tuberculin Skin Testing is NOT accepted for screening for these students**

### **Tuberculosis Testing Procedure for those answering YES to any question on the Screening Form**

- TB Blood Testing using T-Spot or QuantiFERON Gold required
  - Testing must be done in the United States within 365 days prior to the first day of classes upon entrance into TWU
  - Acceptable sites for TB screening include TWU Student Health Services, TWU subcontracted health clinics in Dallas and Houston, US licensed private physicians, and US licensed medical clinics
  - Students who have previously taken antibiotics for TB do not need a TB Blood Test, see below for alternate requirements
- Students with negative TB Blood Test results submit test results with Form; no additional testing required
- All students with positive TB blood test results must submit BOTH of the following:
  - Chest x-ray results from x-ray obtained in the U.S. within 365 days prior to the first day of classes upon entrance to TWU
  - Completed Tuberculosis Clearance Statement signed by a U.S. licensed medical professional
- Students treated with antibiotics for TB infection (active or latent) in the past must submit ALL of the following:
  - Chest x-ray results from x-ray obtained in the U.S. within 365 days prior to the first day of classes upon entrance to TWU
  - Proof of antibiotic treatment, including duration of therapy
  - Completed Tuberculosis Clearance Statement signed by a U.S. licensed medical professional
  - New TB blood testing is not required
- Chest x-ray submission requires the following to meet compliance requirements
  - Positive TB Blood Test results AND/OR proof of antibiotic treatment for TB with duration of therapy
  - Completed Tuberculosis Clearance Statement signed by U.S. licensed medical professional
  - Chest x-ray and Statement without test results or proof of antibiotics is NOT accepted
- Non-compliance with this policy will prevent students from registering for classes.

For additional information, please refer to the TWU Student Tuberculosis Screening and Case Management Policy <https://servicecenter.twu.edu/TDClient/KB/ArticleDet?ID=34896>

For questions, please call TWU Student Health Services at 940.898.3825 or visit TWU SHS website <https://www.twu.edu/student-health-services/tuberculosis-screening/>