Caltech

STUDENT WELLNESS SERVICES

TUBERCULOSIS (TB) QUESTIONNAIRE

Last Name _____ First Name _____ DOB_____

Tuberculosis is an infectious bacterial disease, screening is required for all incoming students. Please use the flowchart below to see if you are required to provide further TB information. The requirement for laboratory testing, chest x-ray and a medical provider evaluation is dependent on your health history and risk factors.

1. Have you ever had a test that indicated you were infected (tested positive) for tuberculosis? ☐ Yes ☐ No
2. Have you been treated for tuberculosis (latent, active, or infectious tuberculosis)? ☐ Yes ☐ No

NO (to both questions)

YES (to one or both questions)

3. Were you born in, traveled to, or lived for more than one month in a country or territory with an elevated rate of tuberculosis? ☐ Yes ☐ No
   Generally, these are all countries and territories outside of the United States, Canada, Australia, New Zealand, Western Europe and Northern Europe. See next page for a list of countries with an elevated rate of tuberculosis.
4. Do you have immunosuppression, current or planned? ☐ Yes ☐ No
   HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids equivalent to prednisone ≥ 15mg/day for ≥ 1 month, or other immunosuppresive medication.
5. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? ☐ Yes ☐ No
6. Have you ever been a resident or worked in a homeless shelter or correctional facility? ☐ Yes ☐ No

Need:
1. Send all records related to your testing and/or treatment.
2. See your medical provider to complete and upload the *Medical Provider TB Evaluation Form* on page 3.
3. Obtain chest x-ray and upload the report of the result. Documentation must be in English. *Must be dated within last 6 months.

NO (to all questions)

YES (to one or more questions)

Need:
1. Upload this form.

Need:
Have an Interferon-Gamma Release Assay (IGRA)* blood test for tuberculosis and upload the result. *Must be dated within last 6 months.

NEGATIVE IGRA RESULT

POSITIVE IGRA RESULT

Need:
1. Upload IGRA results along with this form.

Need: *Must be dated within last 6 months.
1. Upload IGRA results along with this form.
2. See your medical provider to complete and upload the *Medical Provider TB Evaluation* on page 3.
3. Obtain chest x-ray and upload the report of the result. Documentation must be in English.

* If the Interferon-Gamma Release Assay (IGRA) blood test or chest x-ray is unavailable to you at your current location, you must visit Student Health Services within 1 week after arriving on campus. Testing will be ordered and completed at your expense. Student Health Services does not bill insurance or submit insurance claims on your behalf.

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LIST OF COUNTRIES WITH HIGH TB RATES

A
Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan

B
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Burkina Faso
Burundi

C
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
China, Hong Kong SAR
China, Macao SAR
Colombia
Comoros
Congo
Côte d'Ivoire

D
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Dominica
Dominican Republic

E
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Eswatini
Ethiopia

F
Fiji
French Polynesia

G
Gabon
Gambia
Georgia
Ghana
Greenland
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana

H
Haiti
Honduras

I
India
Indonesia
Iraq

K
Kazakhstan
Kenya
Kiribati
Kyrgyz Republic

L
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Lithuania

M
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Mauritania
Mexico
Micronesia (Federated States of)
Moldova
Mongolia
Morocco
Mozambique
Myanmar

N
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Northern Mariana Islands

P
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines

Q
Qatar

R
Republic of Korea (South Korea)
Romania
Russian Federation
Rwanda

S
Sao Tome and Principe
Senegal
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Sudan
Suriname

T
Tajikistan
Tanzania
Thailand
Timor-Leste
Togo
Tunisia
Turkmenistan
Tuvalu

U
Uganda
Ukraine
Uruguay
Uzbekistan

V
Vanuatu
Venezuela (Bolivarian Republic of)
Vietnam

Y
Yemen

Z
Zambia
Zimbabwe

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STUDENT WELLNESS SERVICES

MEDICAL PROVIDER TB EVALUATION FORM

Please print and have your medical provider complete this form **ONLY** if you have a **POSITIVE IGRA RESULT** or were otherwise prompted to complete this form when completing the Tuberculosis (TB) Questionnaire.

Last Name_____ First Name _____ DOB_____

1. Does patient recently or currently exhibit any symptoms of active pulmonary tuberculosis?

Cough	☐ Yes	☐ No	Night sweats	☐ Yes	☐ No
Chest pain	☐ Yes	☐ No	Fever	☐ Yes	☐ No
Hemoptysis	☐ Yes	☐ No	Chills	☐ Yes	☐ No
Weight loss	☐ Yes	☐ No	Other symptom	☐ Yes	☐ No

_____
_____
_____

2. Please list the date(s) and results of previous tuberculosis testing.

_____
_____
_____

3. Please list the date(s) and results of previous tuberculosis treatment.

_____
_____
_____

4. Please describe any recommendation or plans for further testing or treatment.

_____
_____
_____

5. Please add any additional relevant information. Records may be given to student to upload securely to Caltech Student Wellness Services.

_____
_____
_____

CERTIFICATION OF HEALTHCARE PROVIDER	
Signature of Healthcare Provider:	
Healthcare Provider Name:	Date:
Address:	Phone Number: