

**De Anza College Student Health Services**  
**Part 1: TB Risk Assessment and Testing Form (Asymptomatic Adult)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last First

Student ID # \_\_\_\_\_ Assessment Date: \_\_\_\_\_

This form must be reviewed and signed by a licensed health professional for TB Clearance Certificate

**PATIENT TO COMPLETE**  
 Check appropriate risk factor boxes below.  
 LTBI testing is recommended if any of the boxes below are checked.  
 If LTBI test result is positive and active TB disease is ruled out, LTBI treatment is recommended.

- Country of Birth; travel or reside** in a country for at least 1 month with elevated TB rate
- List the country (other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe): \_\_\_\_\_
  - If resources require prioritization within this group, prioritize patients with a least one medical risk for progression
  - **Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test for non-U.S born persons  $\geq$  2 years old**
- Immunosuppression, current or planned**
- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone  $\geq$  15 mg/day for  $\geq$  1 month) or other immunosuppressive medication
- Persons at Higher Risk for Exposure to and/or Infection with M. tuberculosis**
- Close contacts of persons known or suspected to have active TB disease
  - Residents and employees of high-risk congregate settings
  - Health care workers; Child Care Center
  - Populations defined locally as having an increased incidence of LTBI or active TB disease (medically underserved, low-income populations, or persons who abuse drugs or alcohol)

<b>FOR STAFF USE ONLY:</b> <b>Tuberculin Skin Test (TST/Mantoux/PPD)</b> Lot #: _____ Exp. Date: _____ Site: _____ Administered by: _____ Date & Time: _____	Induration _____ mm Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive Read By: _____ Date & Time: _____
<b>Interferon Gamma Release Assay (IGRA) Blood test</b> Date: _____ Ordered By: _____	Result Date: _____ Impression: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
<b>Chest X-Ray (required with positive TST or IGRA)</b> Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal finding: _____
<input type="checkbox"/> LTBI treatment (Rx & start date): _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____
<input type="checkbox"/> Contraindications to INH, rifampin or rifapentine for LTBI	<input type="checkbox"/> Offered but refused LTBI treatment

**FOR PROVIDER: Please check one of the boxes below and sign:**

Patient has no TB symptoms, none of the above or other risk factors for TB and does not require a TB test.

Patient **has a risk factor**, has been evaluated for TB and **is free of active TB disease**.

\_\_\_\_\_

Health Care Provider Name, Title & Signature Date

## ACHA Guidelines: Tuberculosis Screening and Targeted Testing for De Anza College Student Health Services

If you're born in one of the countries or territories listed below that have a high incidence of active TB disease,

Please CIRCLE the country, below

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

*Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.*