

Wellness Center – Health Services 220 Pawtucket Street, Suite 300 Lowell, Massachusetts 01854-5144 Tel: 978-934-6800

TUBERCULOSIS RISK ASSESSMENT

(Part 1 of 2)

(PART 1 MUST BE COMPLETED AND RETURNED)

Last	SID#:	FIRSt	Middle Initial Phone Number:	 _//
Home Address:				
Local Address:				
Country of Birth:				

Please answer the following questions:

1. Have you ever been in close contact with anyone sick with tuberculosis?	Yes	No
2. Were you born in one of the countries listed below? If yes, what country: Date of entry to United States:	Yes	No
3. Have you lived or traveled for more than one month in one or more of the countries listed below? If yes, what country/ies:When:When:	Yes 	No

If the answer is NO to all of the above questions, no further testing is required. Submit form to Health Services.

If the answer is YES to any of the above questions, UMASS Lowell Health Services requires that you have a tuberculosis skin test (TST) or an IGRA. The TST or IGRA must be completed no more than 6 months before the start of classes. TST preferred to be completed in USA. Continue to Part 2 of this form.

If you have had a positive TST or IGRA in the past, you will not need another TST. Continue to Part 2 of this form.

*COUNTRIES WITH HIGH RATES OF TUBERCULOSIS

Afghanistan	Cameroon	Guatemala	Madagascar	Palau	Taiwan
Albania	Central African Republic	Guinea	Malawi	Panama	Tajikistan
Algeria	Chad	Guinea-Bissau	Malaysia	Papua New Guinea	Tanzania-UR
Angola	China	Guyana	Maldives	Par agua y	Thailand
Argentina	Colombia	Haiti	Mali	Peru	Timor-Leste
Armenia	Comoros	Honduras	Marshall Islands	Philippines	Togo
Azerbaijan	Congo	India	Mauritania	Portugal	Tunisia
Bangladesh	Congo DR	Indonesia	Mexico	Qatar	Turkmenistan
Belarus	Cote d'Ivoire	Iraq	Micronesia	Romania	Tuvalu
Belize	Djibouti	Kazakhstan	Moldova-Rep	Russian Federation	Uganda
Benin	Dominican Republic	Kenya	Mongolia	Rwanda	Ukraine
Bhutan	Ecuador	Kiribati	Morocco	Sao Tome & Principe	Uruguay
Bolivia	El Salvador	Korea-DPR	Mozambique	Senegal	Uzbekistan
Bosnia & Herzegovina	Equatorial Guinea	Korea-Rep	Myanmar	Sierra Leone	Vanuatu
Botswana	Eritrea	Kuwait	Namibia	Singapore	Venezuela
Brazil	Eswatini	Kyrgyzstan	Nauru	Solomon Islands	Viet Nam
Brunei Darussalam	Ethiopia	Lao PDR	Nepal	Somalia	Yemen
Bulgaria	Fiji	Latvia	Nicaragua	South Africa	Zambia
Burkina Faso	Gabon	Lesotho	Niger	South Sudan	Zimbabwe
Burundi	Gambia	Liberia	Nigeria	Sri Lanka	
Cabo Verde	Georgia	Libya	Niue	Sudan	
Cambodia	Ghana	Lithuania	Pakistan	Suriname	

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* 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 <u>http://apps.who.int/ghodata</u>.

Upload the Tuberculosis Risk Assessment Questionnaire directly into the Student Health Portal at https://patient-uml.medicatconnect.com/. If unable to access the portal, mail or bring to Health Services, UMass Lowell, 220 Pawtucket Street, Suite 300, Lowell, MA 01854-5144.



• Persons with HIV/AIDS

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TUBERCULOSIS RISK ASSESSMENT

(Part 2 of 2)

Name:			Date: //		
Name:Last	First	Middle Initial			
DOB://SID#:		Phone Number:			
Country of Birth:					
Tuberculin Skin Test (TST)	or IGRA				
			duration ^Positive Negative		
IGRA date:// IG	RA Result (Must attach lab rep	ort. Rapid Serology TB test not ac	cepted.): ^Positive or Negative		
* 48-72 hours after plant date **	See interpretation guidelines below.	^ If positive, continue below.			
If POSITIVE Tuberculin Ski	n Test or IGRA (now o	r by history) the followi	ing are required:		
Date of positive TST or IGRA:	// Result	: mm of induration			
Chest X-ray: Date:// Result: Normal Abnormal (must attach chest x-ray report, NOT the X-ray)					
Clinical Evaluation: Norm	al Abnormal				
Describe:					
Treatment:No	Yes				
Drug/s, dose, frequency, and dates	3:				
Health Care Provider					
Name:	Addre	SS:			
Signature: Phone:					
** Interpretation Guidelines					
 5 mm or greater is positive: Recent close contacts of an individual 	 10 mm or greater is positive: Persons born in a high prevalence 	e country or who resided in	15 mm or greater is positive:		
with infectious TB • Persons with fibrotic changes on a prior	one for a significant amount of tin • History of illicit drug use	ne	Persons with no known risk factors for TB		
chest x-ray consistent with past TB	 Mycobacteriology laboratory pers 		disease		
disease Organ transplant recipients 		unteer in high-risk congregate setting I conditions: silicosis, diabetes melliti			
Immunosuppressed persons: taking	chronic renal failure, leukemias a	nd lymphomas, head, neck or lung ca	ancer,		
>15 mg/d of prednisone for > 1 month; taking a TNF-α antagonist	low body weight (>10% below ide malabsorption syndromes	eal), gastrectomy or intestinal bypass,	chronic		

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