

SCHOOL ADMISSION: TUBERCULOSIS (TB) SCREENING FORM

TO BE COMPLETED BY HEALTH CARE PROVIDER
(EL PROVEDOR MÉDICO DEBE COMPLETAR ESTE FORMULARIO)

STUDENT NAME: _____ DATE: _____

1. ASK if the student has symptoms of TB disease (Check all that apply):

- Cough for 3 weeks or more Unexplained fever Unexplained weight loss/poor weight gain
 Cough with blood Loss of appetite Unexplained neck swelling (lymph node enlargement)
 Wheezing (unrelated to asthma) Fatigue (decreased activity, playfulness, or energy)
 Chills or night sweats

NO to all → Continue to Step #2

YES to any → Evaluate symptoms (contact Arlington Public Health for questions: dial 703-228-5200 and press 1)

2. ASK about the student's previous TB exposure or disease (Check all that apply):

- History of positive Tuberculosis Skin Test (TST) Date: _____
 History of positive TB blood test (IGRA) Date: _____
 History of active TB disease If checked, received treatment: No Yes Date: _____

NO to all → Continue to Step #3

YES to any → Does the student have a documented negative chest x-ray taken after positive test or diagnosis?
If the student had a positive diagnosis, did they receive treatment for disease?

- If yes, fill out and sign the Certificate at the bottom of page.
- If no, obtain a chest x-ray and proceed based on results.

(If unsure how to proceed, contact Arlington Public Health at 703-228-5200 and press 1)

3. ASK about previous TB testing: Does student have documentation of a negative TST or IGRA?

NO → Go to Step #4

YES → Go to Step #4 and ask the questions only for the time period since the most recent documented negative test

4. RISK FACTOR ASSESSMENT: Ask ALL the following questions and check YES or NO for each question.

- YES NO Has the student lived or travelled* for 3 months or more in one of the high-risk countries listed on the next page? (Note: high risk countries can be found at <http://www.stoptb.org/countries/tbdata.asp>)
- a. YES NO Has the student been homeless within the past 2 years or ever used IV drugs, been a resident of a shelter, prison, or jail?
- b. YES NO Does the student have a condition or take medicine which suppresses their immune system, such as HIV, cancer, diabetes, organ transplant, severe kidney disease, daily oral steroids, etc.?
- c. YES NO Has a household member or close contact of the student been sick with TB within the past two years*?
- d. YES NO Has a household member or close contact of the student been homeless within the past two years?
- e. YES NO Has a household member or close contact of the student ever used IV drugs or ever been a resident/employee of a shelter, prison, jail or other facility with a high risk of TB?
- f. YES NO Has the student been exposed to anyone who has been sick with TB within the past two years or are in any of the categories above and at increased risk of TB?

NO to all → No further testing is required. Fill out the certificate below and give to the student.

YES to any → The student needs a TST or IGRA

- Ask if student has ever received BCG vaccination. If yes, consider IGRA—there is increased chance that TST may result in false positive.
- If TST is placed, "positive" is > 5 mm for questions 4c or 4d, and > 10 mm for questions 4a, 4b, 4e, 4f or 4g
- IGRAs may not be approved for children <2 -- check with your reference laboratory
- TSTs and IGRA blood tests should NOT be done within 6 weeks of administration of a live viral vaccine (but ok to administer on same day)

*Note: If less than 10 weeks since return from high-risk country OR since end of close exposure to active case, repeat TB testing in 10 weeks

CERTIFICATE OF TB SCREENING

Student name: _____ DOB: _____

Please check off one below and add any relevant dates and/or results:

- No risk factors identified, no test needed
- Previous negative TST or IGRA (Date: _____) AND no new risk factors since last TB test
- Prior documented positive TST/IGRA (circle one) on _____ (date) with negative chest x-ray (date of CXR: _____)
- Risk factor identified, negative TST/IGRA (circle one) test on _____ (date)
- Risk factor identified, positive TST/IGRA (circle one) test on _____ (date); negative chest x-ray on _____ (date)

High Burden TB Country List 2021

(Countries with TB incidence rates of $\geq 20/100,000$ population)

Data obtained from 2020 WHO Global Tuberculosis Report and reflects 2019 data

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

Persons from these countries should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.

Updated 3/30/2021 VDH TB Program