

**BATES COLLEGE REQUIRED PRELIMINARY TB ASSESSMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This section to be completed by the student:

1. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Were you born or have you lived outside of the USA, Canada, Western Europe, Australia, New Zealand, or Japan? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever received treatment for latent TB? Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes was answered to any of the above, the TB Assessment Form must be completed.**

1. If the student answered Yes to questions 1 or 2 above, a Mantoux tuberculin skin test (TST) or a serum test for Interferon Gamma Release Assay (IGRA) is required regardless of BCG history.
  - a. Date TST Done \_\_\_\_\_
  - b. Date TST Read \_\_\_\_\_
  - c. Result in mm \_\_\_\_\_
  - d. If applicable, specify which method of IGRA testing was done:
    - i. QFT-GIT \_\_\_\_\_ Tspot \_\_\_\_\_ Other \_\_\_\_\_
    - ii. Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Intermediate \_\_\_\_\_ Borderline (Tspot only) \_\_\_\_\_
2. If a student's TST was positive, was a confirmatory serum test with Interferon Gamma Release Assay (IGRA) done? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If Yes, specify which method of IGRA testing was done:
    - i. QFT-GIT \_\_\_\_\_ Tspot \_\_\_\_\_ Other \_\_\_\_\_
    - ii. Result: Negative \_\_\_\_\_ Positive \_\_\_\_\_ Intermediate \_\_\_\_\_ Borderline (Tspot only) \_\_\_\_\_
  - b. If No, see question 3
3. If a student's TST or IGRA is positive a Chest X-ray is required:
  - a. Date of Chest X-Ray: \_\_\_\_\_
  - b. Result: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
4. If a student has a positive PPD or IGRA without signs of active disease on chest x-ray, it is recommended that he/she be treated for latent TB prior to matriculation.
  - a. Student has already completed treatment \_\_\_\_\_ Dates of treatment \_\_\_\_\_
  - b. Student agrees to receive treatment \_\_\_\_\_
    - i. Will treatment be completed prior to matriculation at Bates College? Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Student agrees to receive treatment at Bates College \_\_\_\_\_
  - d. Student declines treatment at this time \_\_\_\_\_

Healthcare Provider signature \_\_\_\_\_

Printed Name and credentials \_\_\_\_\_

Date signed \_\_\_\_\_

**Every student must sign below**

I acknowledge that the above statements are true to the best of my knowledge and belief.

Student Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_