

DATE: _____

Name: _____ Student ID #: _____ Birthdate: _____

MA State Guidelines: For you and your Health Care Provider to use to determine your risk factor and need for TB (Mantoux) testing or IGRA testing. If your answers are “No” to all of the following questions, you are considered low risk. Please return this form to Health Services along with your Health Form.

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

1. Have you ever had close contact with people who are known or suspected of having active TB disease?
 Yes No
2. Were you born in one of the countries or territories listed below (Appendix A) that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.)
 Yes No
3. Have you resided in or traveled to one or more of the countries or territories listed in Appendix A for a cumulative period of at least one month (If yes, CHECK the countries or territories, below in Appendix A)
 Yes No
4. Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?
 Yes No
5. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?
 Yes No
6. Have you ever been a member of any of the following groups that may have an increased incidence of inactive TB infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?
 Yes No

If you answered **YES** to any of the above questions, please have your PCP review and complete the medical evaluation form as the Massachusetts Department of Public Health **strongly recommends** that you have a tuberculin skin test or IGRA blood test to check for latent tuberculosis infection. The significance of any travel exposure should be reviewed with a health care provider. If the answer to all the above questions is **NO**, no further testing or further action is required.

Appendix A

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB) 2026

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

26 National Society of Tuberculosis Clinicians. Testing and treatment of latent tuberculosis infection in the United States: clinical recommendations. Smyrna, GA: National Tuberculosis Controllers Association, February 2021.

MEDICAL EVALUATION OF COLLEGE AND UNIVERSITY STUDENTS

FOR LATENT TUBERCULOSIS INFECTION

NOTE: If you answered "No" to all questions on side 1, you don't need a Tb test

Tuberculin Skin Test

Date ____ / ____ / ____

Result (48 – 72 hours) _____ mm of induration
(If no induration, mark "0")

Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Risk-based Interpretation

Negative

Positive

or **IGRA test results:** _____

INTERPRETATION OF TUBERCULIN SKIN TEST	
RISK FACTORS	POSITIVE RESULT
-Close contact with a case of tuberculosis -HIV infected or immunosuppressed (e.g. organ recipient) persons	5 mm or more
-Born in a country that has a high rate of tuberculosis -Traveled or lived for a month or more in a country that has a high rate of tuberculosis -Injection drug user -resident, employee, or volunteer in high-risk congregate setting (e.g. homeless shelter, correctional facility, long term care facility)	10 mm or more
None [Tb test not recommended]	15 mm or more

If the Tuberculin Skin or IGRA Test is Positive:

Chest X-ray report required

Date ____ / ____ / ____

Normal

Abnormal _____

(Describe)

Clinical Evaluation

Date ____ / ____ / ____

Normal

Abnormal _____

(Describe)

Treatment

Yes _____

(Drug, dose, frequency, and dates)

No

Signature of Health Care Professional: _____

Upload your completed health forms and records here!

