



REGIS

CENTER FOR HEALTH
AND WELLNESS

Student Health Forms

Today's Date: ____/____/____

First Name: _____ Last Name: _____ D.O.B. ____/____/____

TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FORM

Country of Birth: _____ Year Arrived in the US: _____

PART 1: TUBERCULOSIS SCREENING QUESTIONS: TO BE COMPLETED BY INCOMING STUDENT/PARENT/GUARDIAN		YES	NO
#1	Have you ever had a positive Tuberculin Skin Test (TST), TB Quantiferon test or T-Spot? <i>If yes, when:</i> _____		
#2	Have you ever had close contact with persons known or suspected to have active TB disease? If yes, when? _____		
#3	Were you born in, or have you lived, worked or visited for more than one month in any of the countries listed on the next page titled, Appendix B: 2026 High Incidence Country List? a. If yes, what country? _____ How long? _____ b. Reason: ☐ Born there ☐ Tourist ☐ Work ☐ School ☐ Other		
#4	Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and/or homeless shelters)?		
#5	Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?		
#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 using drugs or alcohol?		

- If the answer to **ALL** of the questions above is **NO**, **SKIP** the remaining sections of this form and upload it.
(No Health Care Provider Signature needed.)
- If the answer is **YES** to **question 1** above, no additional TB testing (TST, IGRA) should be performed. **HOWEVER**, your healthcare provider must complete **PARTS 2, 3, and 4** with documentation as needed for uploading.
- If the answer is **YES** to **any of the questions 2-6** above, Regis College requires that you receive **TB testing within the last 6 months prior to the start of the program**. Please see below for further instruction, depending upon your test result.
→ **NEGATIVE TEST RESULT:** You can skip the remainder of this form and upload your TB test result with this form.
→ **POSITIVE TEST RESULT:** Your healthcare provider must complete **PARTS 2,3 and 4** with additional documentation as needed, **AND** you must upload all test results with this form.

PART 2: TB TESTING: **TO BE COMPLETED BY A HEALTH CARE PROVIDER**

- TST result:** should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors, see interpretation guidelines below.
Date Planted: ____/____/____ Date Read: ____/____/____ Result: # of mm of induration: _____
- QUANTIFERON-TB GOLD OR T-SPOT:**
Date of Test: ____/____/____ Type of Test: ☐ QuantiFERON-TB Gold Plus ☐ T-Spot ☐ other
Result: ☐ Positive ☐ Negative ☐ Indeterminate ☐ Borderline (T-spot only)
Please attach a copy of the lab report.
- CHEST X-RAY:**
Date of Chest x-ray: ____/____/____ Result: ☐ Abnormal ☐ Normal Interpretation: _____
Please attach a copy of the written chest x-ray report

PART 3: MANAGEMENT OF POSITIVE TST OR IGRA: MEDICATION SECTION: **TO BE COMPLETED BY A HEALTH CARE PROVIDER**

		YES	NO
#1	Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results?		
#2	Did the patient decline treatment at this time? If the patient declined treatment, please provide a TB symptom review done within the past year. Those with a history of a positive TB test, who have not been treated for latent TB must have an annual symptom review with a health care provider.		
#3	Did the patient agree to receive treatment at this time? • Indicate medication(s) prescribed: Start Date: ____/____/____ End Date: ____/____/____		

PART 4: **SIGNATURE OF HEALTH CARE PROVIDER**

Signature of Health Care Provider

Printed Name

Date

Mailing Address

Office Phone

Office Fax Number

Appendix B: 2026 High-Incidence Country List

Countries with a 3-year average incidence ≥ 20 cases per 100k population, 2022-2024, n=129²⁶

- French Polynesia, Latvia, Syrian Republic, and Trinidad/Tobago were added to the high-incidence countries list in 2026 because their average incidence rose above the cutoff.
- Anguilla and Belarus were removed from the high-incidence country list in 2026 because their average incidence dropped below the cutoff.

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

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.