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? ***If yes, when***:_____		
#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 2: 2025 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 2: 2025 High-Incidence Country List

Countries with a 3-year average incidence >= 20 cases per 100k population, 2021-2023, n=129[24]

Countries added in 2025: None; Countries subtracted in 2025: None

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

[24] 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.