



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 2: 2025 High Incidence Country List? a. If yes, what country? _____ How long? _____ b. Reason: <input type="checkbox"/> Born there <input type="checkbox"/> Tourist <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> 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



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

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.