The University of Texas at Dallas Student Health Center requires all persons born outside the United States to have an IGRA blood test (QuantiFERON or T-Spot) for TB screening to rule out TB, prior to registering for classes their first semester at UT Dallas. The student is responsible for having the required testing and for any related costs. Screening for TB must be administered and interpreted in the United States, regardless of prior BCG vaccination, within six (6) months of registration. You may mail, fax or email the completed form (allow sufficient time), or you may bring it with you and submit to the Student Health Center. Students who do not complete the screening for tuberculosis, an IGRA blood test, will not be

## The University of Texas at Dallas **Student Health Center** 800 W. Campbell Road, SSB 43 Richardson, TX 75080 (Tel) 972-883-2747/ (Fax) 972-883-2069

thave you been a holunteer or health care weaker who served elients who are at increased risk

Name (Please I	Print):	SHAURY	A DWIVEDI	r	Date of Birth:	0181/010/2003	3
U.S. Address:	701	LEGACY	DR , APT #2122 , PL	NO,TX U	J.S. Phone #:	(214) 609 - 46	74
			087@v4dallas.edu				

lease answer the following of	questions:	native to the construction and assemble on	HERITAGE ETHER THE THE TENEDAL	
lave you ever had close con	tact with persons known or su	spected to have active TB di	sease?	No No
	countries or territories listed b	pelow that have a high incide		
CIRCLE the country, below.	)		Yes	□ No
NO. 1910	CI: M CAR	ine past 4 weeks?	Lai suisse / FI-III/O	
Afghanistan	China, Macao SAR	Honduras	Myanmar	South Africa
Algeria	Colombia	India	Namibia	South Sudan
Angola	Comoros	Indonesia	Nauru	Sri Lanka
Anguilla	Congo	Iraq in Programme Iraq	Nepal	Sudan
Argentina	Democratic People's Republic of Korea	Kazakhstan	Nicaragua	Suriname World 2000 March 1990
Armenia	Democratic Republic of the	Kenya Massa distribution (1915)	Niger   Profit Az man	Tajikistan
Azerbaijan	Congo	Kiribati	Nigeria	Inalialia
Bangladesh	Diibouti 20 20 20 20 20 20 20 20 20 20 20 20 20	Kuwait	Niue	Timor-Leste
Belarus	Dominican Republic	Kyrgyzstan	Northern Mariana Islands	Togo
Belize	Ecuador Constitution of the Constitution of th	Lao People's Democratic	Pakistan	Tokelau
Benin	El Salvador	Republic Coloniand II Alac Latvia	Palau MOS - SV 11 MOS	Trinidad and Tobago
Bhutan	Equatorial Guinea	Latvia	Panama	Tunisia
Bolivia (Plurinational State		Liberia	Papua New Guinea	Turkmenistan
of)	Eswatini		Paraguay	Tuvalu Inslanta office
Bosnia and Herzegovina	Ethiopia	Libya	Peru	Uganda
Botswana		Lithuania	Philippines	Ukraine
Brazil	Fiji	Madagascar	Portugal	United Republic of Tanzania
Brunei Darussalam	French Polynesia	Malawi	Qatar	Uruguay
Bulgaria	Gabon abong mulings morning	Malaysia on a tron show he	Republic of Korea	Uzbekistan
Burkina Faso	Gambia	Maldives	Republic of Moldova	Vanuatu
Burundi	Georgia	Mali	Romania	Venezuela (Bolivarian
Côte d'Ivoire	Ghana	Marshall Islands	Russian Federation	Republic of)
Cabo Verde	Greenland	Mauritania	Rwanda da a wa ha	Viet Nam
Cambodia	Guam	Mexico	Sao Tome and Principe	Yemen
Cameroon	Guatemala	Micronesia (Federated	Senegal Senegal	Zambia
Central African Republic	Guinea	States of)		Zimbabwe
Chad	Guinea-Bissau	Mongolia	Sierra Leone	ZIIIIUQUWG
	Guyana	Morocco	Singapore	
	Haiti	Mozambique	Solomon Islands Somalia	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

of Physics Edward to Academy to	is not listed above	, please list it here:	sale of the second second restra	The prior to the last of for class
If the name of your country	is not listed above	one or more of the countries or	ibbites Lyndhasoi e a Licu	the and and interpreted in the Lanter
Have you had frequent or pr a high prevalence of TB dis	rolonged visits* to ease? (If yes, CHE	one or more of the countries or CK the countries or territories,	territories listed above v above)	VIII THE YES TO AN
	<b>(</b> )	alled according the of	Logit	
		sus of all turing t	(facil	ities D Yes D No
Have you been a resident long-term care facilities, an	and/or employee of homeless shelters	of high-risk congregate settings	(e.g., correctional lacin	incs, — 100 V
•	(1)	THE PROPERTY OF STATE OF THE PARTY OF THE PA	11071	
	or boolth care wa	orker who served clients who are	e at increased risk for	Yes
active TB disease?	el of hearth care we	ARCI WILO SOLVED CITED IN		2.6
active 1B disease:	Date of Birth;	expression range statement with the controlled with the controlled statement of the co	3 (4)	Name (Please Print)
				annountate to the latest
Have you ever been a me	mber of any of the	following groups that may have	an increased incidence o	I les veri
latent M. tuberculosis inf	ection or active TB	disease: medically underserved	, low-income, or abusing	UTD Email Address
drugs or alcohol?	Reference contribution of an explicit per Management of Contribution Co.			
				in almonator Tallera
students)	gendamin el le ca	(queron ) running deren	d'y Pumos rag (grant)	SECONDAIDE PER EN
* The significance	e of the travel exposure	should be discussed with a neath cure	allestrons	lease answer die Jollan
	7 /* " "	erto has poda codence a la	rans, al crossing thr <u>eathaid</u>	have you ever had close co
Have you had any live virus	vaccines in the pa	st 6 weeks (i.e., MMR, Varice	ella, yellow fever, LAIV)	n is and in mod no view
Constant (A yes, please system)			b countities of Cana <b>r Sec</b> √.)	DISCLE [be evening, below
Have you received a COVID	10 veccine in the	nast 4 weeks?		□ Yes Д No
Have you received a COVID	-19 vaccine in the	addo-th	Chine Miccoon	A fathani tan
inter a Pos	nimal		11111163	
Sri Lunica	was ber Hoold	h Care Provider	('omoros	Ançola
Part II. Clinical Assess Clinicians should review and very for either Mantoux tuberculin s			ES to any of the question (IGRA), unless a previou	ns in Part I are candidates as positive test has been
for either Mantoux tubercum s		Kiriban	Democratic Republic of the	nometrical statement
documented. bnelight	Nigoria		( ongo )	H. Oaksin B
History of a positive TB skin te	est or IGRA blood to	est? (If yes, document below)	YesNoinodigo	elby H
h nga ranasa	Pulsistan	RA if possible.) Yes_No	Dominienn Republic	F. 182
History of BCG vaccination? (	If yes, consider IGF	RA if possible.) Yes_No_V_	Feundor	nin U
Funsia	Panama	eizt. I	Fl Salvador	Elimen.
1. TB Symptom Che Does the student have signs or	eckair as Nagag	odbe. J	2 Ves No	College (Plume trengt State
Does the student have signs or	symptoms of active	pulmonary tuberculosis disease	t 162_140table	anergy-tall brase noutl
alwag(1	Feru	Т брун Т й <b>л</b> часта	Libi-quin	In rugo is a bita is no out
If No, proceed to 2 or 3.	Florings	тэминги Мада <b>д</b> ляни	File	1, 18
United Republic of Lateren.			Lunch Polynosis	Benning the
If yes, check below:	ngh()	weeks or longer) with or withou		Bol . d.
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Loss of appeti	Robania. Rustin Entereis <b>e</b>	Marshali Istonio	Chann	.tio
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Zunhahw e	Sterra Leone	States of)	Civinea Oginea-Hasan	Central a michael Papulmic
	Stodellu S	L/Logro M		
Proceed with additional evaluation as indicated.	ion to exclude active	e tuberculosis disease including	chest x-ray (PA and latera	al) and sputum evaluation
			V-1 17 10 18 1 17	
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			e and experience then see	

Interferon Gamma Release Assay (IGRA)
Date Obtained:/ (specify method) QFT-GIT T-Spot other
Result: negative positiveindeterminate borderline(T-Spot only)
Date Obtained: / / / / (specify method) QFT-GIT T-Spot other
Result: negative positiveindeterminate borderline(T-Spot only)
3. Chest x-ray: (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of symptoms)
Date of chest x-ray:/ Result: normalabnormal
Part III. Management of Positive IGRA orTST  In deciding whether to recommend treatment of LTBI to individual patients, the clinician should weigh the likelihood of infection, the likelihood of progression to active tuberculosis infection, and the benefit of therapy. Students in the following groups are at increased risk of progression from LTBI to active TB disease and should be prioritized to begin treatment as soor as possible.    Infected with HIV   Recently infected with M. tuberculosis (within the past 2 years)   History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease   Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation   Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, orlung   Have had a gastrectomy or jejunoileal bypass
Weigh less than 90% of their ideal body weight  Cigarette and e-cigarette smokers and persons who abuse drugs and/or alcohol
Student agrees to receive treatmentStudent declines treatment at this time
Student Strature Student Strature  Student Strature  Health Care Professional Signature    Date   Da

Prepared originally by ACHA's Tuberculosis Guidelines Task Force Revised by Emerging Public Health Threats and Emergency Response Coalition

NOTE: Any student submitting false or fraudulent information will be subject to disciplinary action.

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