

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 allowed to register for classes.

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

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☒ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.) ☒ Yes ☐ No

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

If the name of your country is not listed above, please list it here:

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above)

☒ Yes ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?

☐ Yes ☒ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?

☐ Yes ☒ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease; medically underserved, low-income, or abusing drugs or alcohol?

☐ Yes ☒ No

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Have you had any live virus vaccines in the past 6 weeks (i.e., MMR, Varicella, yellow fever, LAIV)?

☐ Yes ☒ No

Have you received a COVID-19 vaccine in the past 4 weeks?

☐ Yes ☒ No

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) Yes ☐ No ☒

History of BCG vaccination? (If yes, consider IGRA if possible.) Yes ☐ No ☒

1. TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ☐ No ☒

If No, proceed to 2 or 3.

If yes, check below:

- ☐ Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- ☐ Coughing up blood (hemoptysis)
- ☐ Chest pain
- ☐ Loss of appetite
- ☐ Unexplained weight loss
- ☐ Night sweats
- ☐ Fever

Proceed with additional evaluation to exclude active tuberculosis disease including chest x-ray (PA and lateral) and sputum evaluation as indicated.

2. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other____
M D Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other____
M D Y

Result: negative____ positive____ indeterminate____ 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: normal____ abnormal____
M D Y

Part III. Management of Positive IGRA or TST

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 soon 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, or lung
- ☐ 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 treatment
____ Student declines treatment at this time

Not applicable

Shaurya
____ Student Signature
[Signature]
____ Health Care Professional Signature

6/7/2021 Date
6/7/2021 Date

*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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