

Tuberculosis Screening

Tuberculosis (TB) screening (by questionnaire, skin and/or blood testing) is required for all incoming, high-risk students, domestic or international, who have recently (within past five years) arrived from or traveled to one or more of the countries listed below where TB is endemic.

Afghanistan	Congo DR	Kiribati	Niger	SyrianArabRepublic
Algeria	Cote d'Ivoire	Korea-DPR	Nigeria	Swaziland
Angola	Croatia	Korea-Republic	Niue	Tajikistan
Anguilla	Djibouti	Kuwait	N Mariana Islands	Tanzania-UR
Argentina	Dominican Republic	Kyrgyzstan	Pakistan	Thailand
Armenia	Ecuador	Lao PDR	Palau	Timor-Leste
Azerbaijan	Egypt	Latvia	Panama	Togo
Bahamas	El Salvador	Lesotho	Papua New Guinea	Tokelau
Bahrain	Equatorial Guinea	Liberia	Paraguay	Tonga
Bangladesh	Eritrea	Lithuania	Peru	Tunisia
Belarus	Estonia	Macedonia-TFYR	Philippines	Turkey
Belize	Ethiopia	Madagascar	Poland	Turkmenistan
Benin	Fiji	Malawi	Portugal	Tuvalu
Bhutan	French Polynesia	Malaysia	Qatar	Uganda
Bolivia	Gabon	Maldives	Romania	Ukraine
Bosnia & Herzegovina	Gambia	Mali	Russian Federation	United Kingdom
Botswana	Georgia	Marshall Islands	Rwanda	Uruguay
Brazil	Ghana	Mauritania	St. Vincent & The Grenadines	Uzbekistan
Brunei Darussalam	Guam	Mauritius	SaoTome & Principe	Vanuatu
Bulgaria	Guatemala	Mexico	Saudi Arabia	Uruguay
Burkina Faso	Guinea	Micronesia	Senegal	Uzbekistan
Burundi	Guinea-Bissau	Moldova-Rep.	Seychelles	Vanuatu
Cambodia	Guyana	Mongolia	Sierra Leone	Venezuela
Cameroon	Haiti	Montenegro	Singapore	Viet Nam
Cape Verde	Honduras	Morocco	Solomon Islands	Wallis/Futunalslands
Central African Rep.	India	Mozambique	Somalia	W.Bank& Gaza Strip
Chad	Indonesia	Myanmar	South Africa	Yemen
China	Iran	Namibia	Spain	Zambia
Colombia	Iraq	Nauru	Sri Lanka	Zimbabwe
Comoros	Japan	Nepal	Sudan	
Congo	Kazakhstan	New Caledonia	Suriname	
	Kenya	Nicaragua		

TB SCREENING SHOULD BE CONSIDERED IF:

- Persons who have been close contacts of a person with infectious TB
- Persons with signs or symptoms of active TB
- Persons with HIV infection
- Persons who inject drugs
- Persons who have resided in, have been employed by, or volunteered in the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas), other specific malignancies (e.g. carcinoma of the head or neck and lung), low body weight (10% or more below the ideal), gastrectomy and jejunoileal bypass, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for 1 month), other immunosuppressive therapy, pulmonary fibrotic lesions seen on chest radiographs (presumed to be from prior, untreated TB)

STUDENT HEALTH CENTER POLICY REQUIRES:

- ❖ Tuberculosis screening must be done within 12 months of enrollment.
- ❖ Students with a prior BCG immunization **STILL REQUIRE** tuberculosis screening.
- ❖ Tuberculosis screening (PPD) results **MUST** be recorded in **NUMBER** and **MM**.
- ❖ Once a Tuberculin skin test is positive or history of BCG, students should have a **QuantiFeron-TB gold test**.
- ❖ Chest x-rays **MUST** have been done in the **UNITED STATES** and within the 12 months of enrollment.

Detailed information about screening and treatment for tuberculosis can be found at the following website: <http://www.cdc.gov/tb/>

ALL RECOMMENDED VACCINES AND SCREENINGS ARE AVAILABLE AT STUDENT HEALTH SERVICES
If you have questions please visit our web site at <http://shs.tamu.edu/> or call (979) 458-8345.

TUBERCULOSIS SCREENING DOCUMENTATION

Student Name: _____ UIN: _____ Date of Birth: ____/____/____
MM DD YY

Date PPD Placed: _____ Date PPD Read: _____ Results: _____ **MM** (millimeters)

Physician Signature

Date of Signature

Office Telephone Number

Address of Clinic or Office

City

State or Country

Zip or Country Code

Original test result document is required.
Texas A&M University – Student Health Services reserves the right to not accept documentation that appears to be duplicated, false, or altered.