



Tuberculosis Screening

Tuberculosis (TB) screening is required for incoming international students (or those considered to be international students) that were born in, resided in, or traveled to one of the following countries or territories:

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017.

STUDENT HEALTH CENTER POLICY REQUIRES:

- **As of Fall 2013, T-Spot or Quantiferon Gold Blood testing is required. TB Skin testing will no longer be accepted as a Tuberculosis screen.**
- T-Spot or Quantiferon Gold Blood testing is required.
- Tuberculosis testing must be done within 12 months of enrollment.
- Students with a prior BCG immunization still require tuberculosis testing.
- Students with positive TB test results will be evaluated at the Student Health Center.
- Chest x-rays MUST have been done in the UNITED STATES and within the last 12 months prior to enrollment.

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 jejunioileal 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)

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 shs.tamu.edu or call (979) 458-8310.

You can return this document by fax ((979) 458-8319) or email – patientservices@shs.tamu.edu.

TUBERCULOSIS TESTING DOCUMENTATION

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

T-Spot or Quantiferon Gold Test Result: _____ Date of Result: ____/____/____
MM DD YYYY

Physician Signature

_____/____/____
Date of Signature

Office Telephone Number

Address of Clinic or Office

City

State or Country

Zip or Country Code

A Copy or 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.

Tuberculosis Screening July 2019

Student Health Services - A.P. Beutel Health Center - 1264 TAMU - College Station, Texas 77843 – 1264