Tuberculosis Screening

Tuberculosis (TB) screening is required for incoming international students (or those considered to be international students) that were born in or resided in one of the following countries or territories for more than three (3) months:

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


STUDENT HEALTH CENTER POLICY MANDATES:

- **T-Spot or Quantiferon Gold Blood testing is required.** TB skin testing will not be accepted as tuberculosis screening.
- 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.
- Persons with HIV infection
- Persons who inject drugs
- Persons who have resided in, 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 high-risk 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) or those considered to be international students.

Detailed information about screening and treatment for tuberculosis can be found at the following website: [http://www.cdc.gov/tb/](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: patient-services@shs.tamu.edu.

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TUBERCULOSIS TESTING DOCUMENTATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>UIN:</th>
<th>Date of Birth:</th>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
</tr>
</thead>
</table>

T-Spot or Quantiferon Gold Test Result: __________________________ Date of Result: ____________

<table>
<thead>
<tr>
<th>Physician Signature:</th>
<th>Date of Signature:</th>
</tr>
</thead>
</table>

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.