



## 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
Cabo Verde	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	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2021.

### STUDENT HEALTH CENTER POLICY REQUIRES:

- **T-Spot or Quantiferon Gold Blood testing is required. TB skin testing will not be accepted as tuberculosis screening.**
- Tuberculosis testing and chest x-rays (if required) must be done within 12 months prior to the start of the semester the student is choosing to enroll.
- Students with a prior BCG immunization still require tuberculosis testing.
- Students with positive TB test results will be evaluated at the Student Health Center.

### 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](http://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](mailto:patient-services@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.