PART III: TUBERCULOSIS SELF-SCREENING (completed by student)

NOTE: THIS SELF-SCREENING IS REQUIRED FOR ALL FULL-TIME STUDENTS. IT IS NOT REQUIRED FOR HALF-TIME OR KELLOGG EMP STUDENTS.

Student Name: ____________________________________ Student ID: __________________ Date of Birth: __________________

Begin with the 1st question and circle the appropriate response. If you answer “NO”, proceed to the next question until all questions are answered. If you answer “YES” to any question, proceed to Instruction Set A or B as directed. Once you answer “YES” to a question, do not answer the remaining questions.

1. Do you currently have any of the following unexplained or undiagnosed symptoms: Fever, weight loss, swollen lymph nodes, night sweats, cough for greater than 1 month? If “YES”, contact your healthcare provider immediately. Follow Instruction Set “A” below.

2. Have you ever been diagnosed with tuberculosis? IF “YES”, follow Instruction Set “B” below.

3. Have you ever had a positive skin test (PPD) or positive TB blood test? IF “YES”, follow Instruction Set “B” below.

4. In the last 5 years, have you lived or traveled anywhere other than the countries listed below for a period longer than 1 month? IF “YES”, follow Instruction Set “A” below.

   Albania, American Samoa, Andorra, Antigua & Barbuda, Aruba, Australia, Austria, Bahamas, Barbados, Belgium, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Cook Islands, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Egypt, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Lebanon, Luxembourg, Macedonia, Malta, Monaco, Montserrat, Montenegro, Netherlands, New Caledonia, New Zealand, Norway, Oman, Puerto Rico, St. Kitts & Nevis, St. Lucia, Slovakia, Slovenia, Samoa, San Marino, Saudi Arabia, Spain, Sweden, Switzerland, Syrian Arab Republic, Tokelau, Tonga, United Arab Emirates, United Kingdom, United States, US Virgin Islands, West Bank & Gaza.

5. Do you currently have one or more of the following medical conditions listed below? IF “YES”, follow Instruction Set “A” below.

   Diabetes
   Silicosis
   Chronic kidney failure
   Leukemia or lymphoma
   IV Drug Use
   Organ transplant
   Low body weight (10% or more below ideal)
   Gastrectomy
   Jejunoileal (intestinal) bypass
   Cancer of the head, neck, or lung
   Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)
   Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment
   Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)
   Pulmonary fibrotic lesions on chest x-ray
   Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)
   Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment
   Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)
   Pulmonary fibrotic lesions on chest x-ray
   Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)
   Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment
   Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)
   Pulmonary fibrotic lesions on chest x-ray
   Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)
   Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment
   Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)
   Pulmonary fibrotic lesions on chest x-ray
   Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)
   Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment

6. In the last 5 years, have you worked, lived or volunteered in a hospital or other healthcare facility, homeless shelter, prison, nursing home, or HIV/AIDS clinic in a capacity where you had contact with patients and/or residents? IF “YES”, follow Instruction Set “A” below.

7. Have you had close contact with someone with active tuberculosis OR a medically underserved population which is at high-risk for tuberculosis? IF “YES”, follow Instruction Set “A” below.

IF YOU ANSWERED “NO” TO ALL OF THE QUESTIONS ABOVE, YOUR TUBERCULOSIS REQUIREMENT IS COMPLETE.

INSTRUCTION SET A: You are required to submit proof of a TB test that was 1) performed in the USA, and 2) performed within 6 months prior to entrance into Northwestern. Acceptable TB tests include:

- TB skin test (PPD): Healthcare provider must supply date placed, date read and result in mm induration.
- Interferon-Gamma Release Assay (IGRA): Includes QuantiFERON® TB Gold or T-SPOT blood tests. A copy of the lab report must be attached.

PLEASE NOTE: If PPD result is >= 10mm or the blood test is positive; you are also required to follow INSTRUCTION SET B below.

INSTRUCTION SET B: You are required to 1) submit a report from a Chest X-Ray performed in the USA, and within 6 months prior to entrance into Northwestern, and 2) if treated for tuberculosis, a copy of any treatment, including medications and dates of treatment to the Evanston Campus Health Service. Upon arrival to campus and after class registration is complete, you will also be required to meet with a Health Service physician.

STUDENTS ARRIVING FROM OTHER COUNTRIES in need of a TB test and/or Chest X-Ray have until 30 days after the start of classes to complete without incurring penalty. After arriving on campus, please call the Health Service at 847-491-2204 to schedule an appointment. TB tests & Chest X-Rays from other countries will NOT be accepted and will be repeated at the student’s expense.