

# 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 1<sup>st</sup> 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? <b>If “YES”, contact your healthcare provider immediately. Follow Instruction Set “A” below.</b>	YES	NO																								
2. Have you ever been diagnosed with tuberculosis? <b>If “YES”, follow Instruction Set “B” below.</b>	YES	NO																								
3. Have you ever had a positive skin test (PPD) or positive TB blood test? <b>If “YES”, follow Instruction Set “B” below.</b>	YES	NO																								
4. <b>In the last 5 years</b> , have you lived or traveled anywhere <b>other than</b> the countries listed below for a period <b>longer than 1 month</b> ? <b>If “YES”, follow Instruction Set “A” below.</b>	YES	NO																								
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? <b>If “YES”, follow Instruction Set “A” below.</b>	YES	NO																								
<table border="0"> <tr> <td>Diabetes</td> <td>Low body weight (10% or more below ideal)</td> <td>Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)</td> <td>Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)</td> </tr> <tr> <td>Silicosis</td> <td>Gastrectomy</td> <td>Pulmonary fibrotic lesions on chest x-ray</td> <td>Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment</td> </tr> <tr> <td>Chronic kidney failure</td> <td>Jejunioleal (intestinal) bypass</td> <td></td> <td></td> </tr> <tr> <td>Leukemia or lymphoma</td> <td>Cancer of the head, neck, or lung</td> <td></td> <td></td> </tr> <tr> <td>IV Drug Use</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Organ transplant</td> <td></td> <td></td> <td></td> </tr> </table>	Diabetes	Low body weight (10% or more below ideal)	Chronic malabsorption syndromes (i.e. Crohn’s or ulcerative colitis)	Abnormal immune system (including HIV/AIDS, cancer chemotherapy, etc.)	Silicosis	Gastrectomy	Pulmonary fibrotic lesions on chest x-ray	Prolonged corticosteroid therapy (e.g. Prednisone 15mg/daily or more for 1 month) or other immunosuppressive treatment	Chronic kidney failure	Jejunioleal (intestinal) bypass			Leukemia or lymphoma	Cancer of the head, neck, or lung			IV Drug Use				Organ transplant					
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6. <b>In the last 5 years</b> , 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? <b>If “YES”, follow Instruction Set “A” below.</b>	YES	NO																								
7. Have you had close contact with someone with active tuberculosis OR a medically underserved population which is at high-risk for tuberculosis? <b>If “YES”, follow Instruction Set “A” below.</b>	YES	NO																								

**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  $\geq 10$ mm 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.**