

ALL students MUST complete section A. If any of the answers to the questions in section A are "yes" then a health care provider MUST complete section B. If answers to all questions are "no", skip sections B and C.

Student Name: Birthdate (MM/DD/YY):						
Section A	<b>A</b> -To be completed by	student				
1.	Were you born in any o	of the countries listed on page 2	??		YES	_NO
2.	Have you lived or trave	eled for more than 1 month in a	ny countries on page 2	?	YES	_NO
3.	3. Have you worked in or lived in a potentially high risk setting such as prison, a long-term care facility, a homeless shelter, res facility, drug treatment center, or lived with persons with HIV/AIDS?YESNO					
4.	Have you had recent or	r prolonged contact with someon	ne with <b>infectious or a</b>	ctive Tuberculosis?	YES	_NO
5.	Are you an entering Ge	eisel School of Medicine studen	t?		YES	_NO
6.	Do you have history of	a positive TB test? (f yes proce	eed directly to section	(C)	YES	_NO
assay (IG	•	to any of these questions you as	•			•
STUDENT SIGNATURE:			DATE:			
		y signing I attest the above in				
Section	<b>R</b> - To be completed b	by health care provider (If po	ositive result proceed	d to section C)		
<u>OR</u> IGRA R	A test ≥10mm is consi t: Date Planted:	deven if you have had the BCG idered positive TB from high p  Date Read: or translated into English): Pos (ACHED)	prevalence countries, Induration:	mm Read withi	n 48-72 hours	
		OOL OF MEDICINE STUDE				
	#1: Date Planted:	entering Geisel School of Med  If 1st TST is POS  Date Read: Date Read:	ITIVE, please go direction:	ctly to section Cmm Read with	in 48-72 hours	oart.
Signatur	e of Provider MD/PA	/NP/RN	Printed	l Name		Date
Section	C-To be completed b	y healthcare provider in the	event of positive Tul	perculosis test OR h	istory of Tuberc	ılosis.
		POT or IGRA (Quantiferon (			<u> </u>	
2.	Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. This chest X-ray or <u>MUST</u> be written or officially translated into English and dated within 6 months of entrance to Dartmouth.					
3.		ve tuberculosis therapy?				
		Completion Date				
4.	Provide a clinical evaluation Yes No If <b>ye</b>	aluation. Does the patient exes please describe	hibit cough, hemopt	ysis, fever, chills, ni	ght sweats or we	ight loss?

If you were born in any of the **countries listed below or traveled/lived in any of these countries for more than one month**, you are REQUIRED to submit a Mantoux PPD skin test or a copy of an Interferon gamma release assay (IGRA). The test must have been performed within six months prior to your Dartmouth registration date.

Source: World Health Organization Global Tuberculosis Report 2017

http://www.who.int/tb/publications/global report/high tb burdencountrylists2016-2020summary.pdf?ua=1

**ANGOLA** 

AZERBAIJAN MALAWI

BANGLADESH MOZAMBIQUE

BELARUS MYANMAR

BOTSWANA NAMIBIA

BRAZIL NIGERIA

CAMEROON PAKISTAN

CENTRAL AFRICAN REPUBLIC PAPUA NEW GUINEA

CHAD PERU

CHINA PHILIPPINES

CONGO REPUBLIC OF MOLDOVA

DEMOCRATIC PEOPLE'S REPUBLIC OF RUSSIAN FEDERATION

KOREA SOMALIA

DEMOCRATIC REPUBLIC OF THE CONGO SOUTH AFRICA

ETHIOPIA SWAZILAND

GHANA TAJIKISTAN

GUINEA-BISSAU THAILAND

INDIA UGANDA

INDONESIA UKRAINE

KAZAKHSTAN UNITED REPUBLIC OF TANZANIA

KENYA UZBEKISTAN

KYRGYZSTAN VIETNAM

LESOTHO ZAMBIA

LIBERIA ZIMBABWE