Student Name: __________________________ Birthdate (MM/DD/YY): ____________________

Section A - To be completed by student

1. Were you born in any of the countries listed on page 2? ___YES ___NO
2. Have you lived or traveled for more than 1 month in any countries on page 2? ___YES ___NO
3. Have you worked, volunteered, or lived in potentially high risk setting such as prison, a long-term care facility, a homeless shelter, residential facility, drug treatment center, or lived with persons with HIV/AIDS? ___YES ___NO
4. Have you had recent or prolonged contact with someone with infectious or active Tuberculosis? ___YES ___NO
5. Are you an entering Geisel School of Medicine student? ___YES ___NO
6. Do you have history of a positive TB test? (If yes proceed directly to section C) ___YES ___NO

ONLY If you answered “yes” to any of these questions you are required to submit a Mantoux 5TU skin test OR an Interferon gamma release assay (IGRA). The test MUST have been performed within 6 months prior to entrance to Dartmouth College. Have your health care provider complete and sign Section B.

STUDENT SIGNATURE: __________________________________________________________ DATE: ________________
(By signing I attest the above information is true to the best of my knowledge)

Section B- To be completed by health care provider (If positive result, proceed to section C)

• TB testing is required even if you have had the BCG vaccine
• A test >10mm is considered positive TB from high prevalence countries, >5mm if you are immunocompromised

PPD Test: Date Planted: ___________ Date Read: ___________ Induration: _______mm Read within 48-72 hours
OR
IGRA Results+ (must be written or translated into English): Positive: ___ Negative: ___ Type: ___________ Date: ___________
(LAB REPORT MUST BE ATTACHED)

* FOR GEISEL SCHOOL OF MEDICINE STUDENTS ONLY (IN LIEU OF 2 TST’S AN IGRA MAY BE SUBMITTED)*

If you are an entering Geisel School of Medicine Student, TWO TST’s must be administered 7-21 days apart. If 1st TST is POSITIVE, please go directly to section C.

PPD test #1: Date Planted: ___________ Date Read: ___________ Induration: _______mm Read within 48-72 hours
PPD test #2: Date Planted: ___________ Date Read: ___________ Induration: _______mm Read within 48-72 hours

_____________________________ ___________________________ ____________
Signature of Provider MD/PA/NP/RN Printed Name Date

Section C- To be completed by healthcare provider in the event of positive Tuberculosis test OR history of Tuberculosis.

1. If Positive TST, T-SPOT or IGRA (Quantiferon Gold) Please complete CHEST X-RAY
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 MUST be written or officially translated into English and dated within 6 months of entrance to Dartmouth.
3. Did the student receive tuberculosis therapy? ___YES ___NO. If yes please provide the following:
   Start Date: ______________ Completion Date: ______________ Type(Medication): ______________
4. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats or weight loss? Yes ___ No ___. If yes please describe ____________________________________________________________
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*


- ANGOLA
- AZERBAIJAN
- BANGLADESH
- BELARUS
- BOTSWANA
- BRAZIL
- CAMEROON
- CENTRAL AFRICAN REPUBLIC
- CHAD
- CHINA
- CONGO
- DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA
- DEMOCRATIC REPUBLIC OF THE CONGO
- ETHIOPIA
- GHANA
- GUINEA-BISSAU
- INDIA
- INDONESIA
- KAZAKHSTAN
- KENYA
- KYRGYZSTAN
- LESOTHO
- LIBERIA
- MALAWI
- MOZAMBIQUE
- MYANMAR
- NAMIBIA
- NIGERIA
- PAKISTAN
- PAPUA NEW GUINEA
- PERU
- PHILIPPINES
- REPUBLIC OF MOLDOVA
- RUSSIAN FEDERATION
- SOMALIA
- SOUTH AFRICA
- SWAZILAND
- TAJIKISTAN
- THAILAND
- UGANDA
- UKRAINE
- UNITED REPUBLIC OF TANZANIA
- UZBEKISTAN
- VIETNAM
- ZAMBIA
- ZIMBABWE